

Alpine Animal Hospital
424 Alpine Highway
Alpine, UT 84004
(385) 498-4500

Veterinary Care Release Form
Owner Absence

Owner's Name: _____

Pet(s) Name: _____

Home Address: _____

Phone Number: _____

Alternative Phone Number: _____

Email: _____

Preferred Method of Contact (Emergency Only): _____

Caretaker Name: _____

Caretaker Phone: _____

Alternate Phone: _____

Email: _____

Preferred Method of Contact: _____

If the above named pet(s) becomes ill or is injured, I request that _____
(*name of caretaker*) take the pet to Alpine Animal Hospital for immediate treatment.

During my absence, _____ (*name of caretaker*) will be caring for my
pet(s) and has my permission to transport them to Alpine Animal Hospital. I authorize the staff of
Alpine Animal Hospital to treat my pet(s) to the best of their ability and acknowledge that I,
_____ (*owner name*) will be responsible for payment in full to Alpine Animal
Hospital upon my return.

I give permission to _____ (*name of caretaker*) to approve treatment
up to \$ _____.

Please select one of the following two options (circle number):

1. If the doctors of Alpine Animal Hospital are unable to save my pet or feel the animal
does not have medically have a good quality of life, I authorize
_____ (*name of caretaker*) to make the decision under the
guidance of the doctors of Alpine Animal Hospital to euthanize _____
(*name of pet(s)*). If my pet is to pass away during my absence, Alpine Animal Hospital
will compassionately house my deceased animal for me until I return.

Signature of Acknowledgement: _____

Alpine Animal Hospital
424 Alpine Highway
Alpine, UT 84004

Printed Name: _____

Date: _____

2. In the event of a quality of life decision, I, _____ (*owner's name*), do NOT authorize the above caretaker to make the decision for me and wish to be contacted directly at _____ (*phone number*). I understand that if I cannot be reached in a timely manner, Alpine Animal Hospital and its staff cannot be held responsible for any extended suffering or loss of my pet and hereby release them from legal responsibility. If my pet is to pass away during my absence, Alpine Animal Hospital will compassionately house my deceased animal for me until I return.

Signature of Acknowledgement: _____

Printed Name: _____

Date: _____

I, _____ (*name of owner*) will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. I understand that it is my right to receive a phone call for approval of treatments estimated to be higher than the above amount, and that it is my right at that point to refuse treatment for my animal. I understand that if I cannot be reached on the given phone number above during an emergency or if treatment is estimated to be higher than the above listed amount of \$_____, that Alpine Animal Hospital and its staff cannot legally perform additional treatments and therefore cannot be held responsible for the outcome of my pet's injury/illness.

If in the case of an emergency, Alpine Animal Hospital is unavailable or too far away from my caretaker, I authorize my records to be released to whichever veterinary hospital _____ (*name of caretaker*) can get my animal to.

This agreement is valid between the dates below:

Travel Date(s): _____

Pet Owner's Signature: _____

Pet Owner's Name: _____

For Clinic Use Only:

Alert made in Avimark (Date and Initial): _____

Scanned into client folder (Date and Initial): _____