



Third Party Representation for Animal Care

Use this form if you are bringing in a pet that is owned by someone else, or with whom you share ownership. This form must be filled out prior to your appointment and before we provide medical care. This form needs to be filled out for *each* visit, even if we have seen the pet previously.

Owner Contact Information

First Name: _____ Last Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

When is the best time to contact you? _____

We require a deposit prior to hospitalization. Are there any financial or budget constraints you would like to disclose to us or your Third Party Representative? _____

Pet Information

Name: _____ Species: _____ Breed: _____

Sex: _____ Age: _____ Color: _____ Diet: _____

What are your pet's symptoms and how long have they been going on?

Symptom: _____ Duration: _____

Symptom: _____ Duration: _____

Symptom: _____ Duration: _____

Symptom: _____ Duration: _____

Is there any additional information you feel would be helpful to us when treating your pet?
(previous medical history; changes in behavior, eating, urine/bowel movements, etc.)

The Owner allows the Third Party Representative to transport their pet and to make decisions regarding medical treatment if they cannot be reached by veterinary staff. The Owner also accepts all financial obligations regarding this treatment occurrence for this pet.

Owner Signature: _____ **Date:** _____

Third Party Representative

First Name: _____ Last Name: _____

Mailing Address: _____

Home Phone: _____ Work phone: _____

When is the best time to contact you? _____

The Third Party Representative accepts responsibility for decisions regarding medical care of this pet when the Owner cannot be reached by veterinary staff. The Third Party Representative also accept financial responsibility for this treatment occurrence for this pet if the owner is unable or refuses to do so.

Third Party: _____ **Date:** _____