



## Authorization Form

**Client Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

**Pet(s) Name:** \_\_\_\_\_  
\_\_\_\_\_

**Name(s) of Authorized Users:** First \_\_\_\_\_ Last \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

I \_\_\_\_\_ give the authorized user/s permission to do the following:

*Check all that apply*

- Make medical decisions regarding treatment
- Make medical decisions regarding Euthanasia and after care
- Request prescriptions and prescription refills
- Drop off patients for care and pick up when discharged
- Make appointments
- Receive updates and all forms of communication
- Request medical records

**By signing this form, I agree to be held financially responsible for all decisions made by the authorized user. The decisions made should not exceed \$\_\_\_\_\_. I also release EMVS from all liability regarding the authorized users' decisions.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_