Veterinary Medical Center Europe

DSN: 314-590-1900 CIV: (0)6371-9464-1900

MEMORANDUM FOR AUTHORIZATION OF TEMPORARY CARE

A. This memorandum is to state that I, _____, am the owner of
(Owner's Full Name)
_____ and I hereby authorize the followings caretaker(s) to bring
(Pet's Name)
my pet to Veterinary Medical Center Europe in my absence:

Note: Please list full names of authorized caretaker(s)

- _____
- _____
- _____

B. ***Please check all that apply.***

- ❑ I authorize the appointed caretaker to seek medical treatment from Veterinary Medical Center Europe for only routine, scheduled appointments.
- ❑ I authorize the appointed caretaker to make decisions regarding the veterinary care of my pet while at Veterinary Medical Center Europe. This includes, but is not limited to, pre/post surgical care, laboratory tests, and dietary changes if medically recommended.
- ❑ In case of emergency, this memorandum authorizes the caretaker to make such decisions as deemed medically necessary for the health and well-being of my pet.

C. ***Please check only one box***

- ❑ This memorandum is only valid through the following dates:

  _____
- ❑ This memorandum is valid indefinitely from this date:

  _____

D. **I understand that all charges must be paid the same day services rendered and that all arrangements concerning financial transactions are to be arranged before care is provided. I understand that any person(s) I authorize must be familiar with the client policy letter and abide by its requirements.**

Signature of Owner Date

_____ _____

Signature of Authorized Caretaker Date

_____ _____