



Traveling Client Form

I, _____, authorize _____ (caretaker) to make medical and financial decisions for my pet(s) while I am away. I am away the dates of _____ to _____. I recognize that I will be held liable for all costs, authorized by my caretaker.

In the case of a medical emergency, I authorize my caretaker to perform necessary procedures with a financial limit of _____, or no limit: _____. I authorize BEEVET Animal Hospital to keep my credit card information on file to charge when services are rendered.

Emergency Contacts: _____

It is BEEVET's hospital policy to ensure the best possible care for your pet. In the unfortunate and unlikely event that your pet should experience a medical emergency, please select one of the following (please understand that we will always try to contact you immediately in an emergency):

- Do everything possible for my pet (CPR – Resuscitate)
- Do not treat my pet (DNR – Do Not Resuscitate)

Signature: _____ **Date:** _____