

NORTHPOINTE ANIMAL HOSPITAL (NPAH)

**EMERGENCY CARE AUTHORIZATION**

OWNER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PET'S NAME \_\_\_\_\_

I grant \_\_\_\_\_ permission to bring my pet to NPAH to be seen for any diagnostic, medical or surgical procedures in the event of unforeseen illness, trauma or other disorders or emergencies of my pet, while I'm unreachable due to travel or other circumstances.

I agree to let NPAH make any necessary decisions regarding who will provide ongoing care during such instances, in the event that I can not be reached.

I permit NPAH or \_\_\_\_\_ to transport my pet to Veterinary Emergency Service for any necessary diagnostics and/or treatment and agree to pay charges up to \$ \_\_\_\_\_ amount.

Please use the following for payment:

\_\_\_\_\_ Valid credit card number imprint. \_\_\_\_\_ Care credit billing slip signed

SIGN-IN AGREEMENT \_\_\_\_\_ Date \_\_\_\_\_

My contact numbers \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_