



Pet Care Emergency Authorization Form



****MyPetFriendsICT Pet Sitting & Treat Co. Requires ALL Clients to Complete a Veterinary Release Form Before Pet Sitting Services Being Rendered****

I, _____ hereby referred to as the “Client/Primary Owner,” agree to the following terms and conditions:

1. In the event of an emergency, I understand that **MyPetFriendsICT Pet Sitting & Treat Co.**, hereafter referred to as “**MyPetFriendsICT**,” will endeavor to contact the Client/Primary Owner, Secondary Owner, and my listed Emergency Contact and/or Secondary Emergency Contact cannot be reached.
2. Should attempts to contact me fail, I authorize **MyPetFriendsICT** to seek suitable medical treatment for my pet(s).
3. Before each new pet-sitting service, I will ensure that my veterinarian is contacted and **MyPetFriendsICT** is authorized to obtain treatment for my pet(s) up to an authorization limit with which I am comfortable.
4. While I understand that all efforts will be made to take my pet(s) to the veterinarian I have on file, I authorize **MyPetFriendsICT** to seek treatment at an appropriate alternative clinic if necessary, including the one listed below:

Veterinary Emergency & Specialty Hospital of Wichita

5618 W 21st St N, Wichita, KS 67205

(316-262-5321)

<https://www.vetwichita.com>

5. I will add a payment method on file at my primary veterinarian’s office to ensure coverage of any expenses should my pet(s) require emergency treatment. If my veterinarian is unavailable and **MyPetFriendsICT** takes my pet(s) to another clinic, I am responsible for all related charges.
6. I grant permission for **MyPetFriendsICT** and the veterinarian treating my pet(s) to share all medical records with emergency vet clinics to ensure optimal care.
7. I accept full responsibility for all costs and will reimburse for all veterinary services provided to my pet(s).
8. I acknowledge that **MyPetFriendsICT** is not liable for the loss or injury of my pet(s) except in negligence cases and is released from all liability associated with transport, treatment, and costs.
9. If **MyPetFriendsICT** cannot reach me or my emergency contacts during a critical emergency, in that case, I authorize **MyPetFriendsICT** to make decisions per a veterinarian’s professional judgment to keep my pet comfortable until I can provide direction. If I cannot return promptly and my pet is suffering, I authorize euthanasia based on the veterinarian’s professional opinion if no viable treatment options remain.
10. This agreement is indefinitely valid from the date of signing and provides ongoing authorization for future veterinary care without needing additional consent each time **MyPetFriendsICT** pet sits for my pet(s).

****Important Notice****

If the **Veterinary Emergency & Specialty Hospital of Wichita** cannot reach you, they will not treat your pet without this signed authorization form. The hospital requires a **\$150 exam fee** and a **\$750 deposit** upfront before initiating treatment for pets in critical condition.

Authorization Statement:

I, _____ [Client/Primary Owner's Name], and the [Secondary Owner's Name] _____, authorize **MyPetFriendsICT Pet Sitting & Treat Co.** and my listed [Emergency Contact's Name] _____ and/or my listed [Secondary Emergency Contact's Name] _____ to make decisions regarding the health and well-being of my pet(s), _____ [Pets Name(s)] if I am unable to do so. This includes, but is not limited to, authorizing medical treatment, surgical procedures, and euthanasia as recommended by a licensed veterinarian. With the authorization, I agree to reimburse **MyPetFriendsICT Pet Sitting & Treat Co.** and my listed [Emergency Contact's Name] _____ and/or my listed [Secondary Emergency Contact's Name] _____ for expenses incurred in caring for my pet.

By signing below, I confirm that I have thoroughly read the above terms and conditions, understood them, and agreed to all the terms and conditions stated above. I am accepting this document as a contractual agreement by signing this agreement.

Signature of Client/Primary Owner:

_____ Date: _____

Signature of Secondary Owner:

_____ Date: _____

Signature of Emergency Contact:

_____ Date: _____

Signature of Secondary Emergency Contact:

_____ Date: _____

Instructions:

1. Fill in all the blanks with the appropriate information.
2. Please review the form with the emergency contacts to ensure they are willing & able to act on your behalf.
3. A copy will be provided to share with your emergency contacts and veterinarian.
4. The original will be securely saved with a digitally formatted copy and easily accessed in an emergency.

Client/Primary Owner Information:

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Secondary Owner Information (*If Different*):

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Pet No. 1 Information:

Pet Name: _____

Species: _____

Breed: _____

Color/Markings: _____

Age: _____

Sex: _____

Microchip ID: _____

Special Needs/Medications: _____

Feeding Instructions: _____

Veterinarian Information: _____

Veterinary Clinic: _____

Veterinary Phone: _____

Emergency Contact Information:

Name: _____

Relationship to Owner: _____

Phone: _____

Email: _____

Secondary Emergency Contact Information:

Name: _____

Relationship to Owner: _____

Phone: _____

Email: _____

Additional Pet Information (If Applicable):

Pet No. 2 Information:

Pet Name: _____
Species: _____
Breed: _____
Color/Markings: _____
Age: _____
Sex: _____
Microchip ID: _____
Special Needs/Medications: _____
Feeding Instructions: _____
Veterinarian Information: _____
Veterinary Clinic: _____
Veterinary Phone: _____

Pet No. 3 Information:

Pet Name: _____
Species: _____
Breed: _____
Color/Markings: _____
Age: _____
Sex: _____
Microchip ID: _____
Special Needs/Medications: _____
Feeding Instructions: _____
Veterinarian Information: _____
Veterinary Clinic: _____
Veterinary Phone: _____

Pet No. 4 Information:

Pet Name: _____
Species: _____
Breed: _____
Color/Markings: _____
Age: _____
Sex: _____
Microchip ID: _____
Special Needs/Medications: _____
Feeding Instructions: _____
Veterinarian Information: _____
Veterinary Clinic: _____
Veterinary Phone: _____