

## AUTHORIZATION TO ACT AS AGENT OF OWNER FOR VETERINARY CARE AND ESTABLISHMENT OF VETERINARIAN-CLIENT-PATIENT RELATIONSHIP

By signing below, I certify that I am the legal owner (or the authorized agent of the legal owner) of the animal described below (the "Animal"), and that no other person's consent is required to execute this Authorization and Agreement to authorize \_\_\_\_\_ ("my Agent") to act as my agent for purposes of establishing a veterinarian-client-patient-relationship for all purposes (this "Authorization") and approving any and all veterinary care decisions for the Animal.

I hereby give my Agent all the rights and privileges I would have with respect to decisions made concerning any veterinary care for the Animal.

I hereby give any veterinarian involved with the Animal's care the right to establish a veterinarian-client-patient-relationship with my Agent, for purposes of providing any aspect of the practice of veterinary medicine that might require a veterinarian-client-patient-relationship.

This Authorization shall remain in effect indefinitely, from the date of its execution until such time as I rescind the Authorization.

Animal's Name: \_\_\_\_\_

Shelter's Animal ID# \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

I have read this Authorization, and understand and agree to the terms and conditions set forth herein.

### **Owner:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Witness to Owner's Signature:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_