

**SUNSET CLIFFS ANIMAL HOSPITAL**  
**4862 Santa Monica Avenue**  
**San Diego, CA 92107**  
**Ph (619) 224-0773 – Fax (619) 224-1039**

**Pet Caretaker Consent Form**

Pet Owner _____	Pet Caretaker _____
_____	_____
Address _____	Address _____
_____	_____
Phone/Email _____	Phone/Email _____
Expected dates of absence _____	Pet(s) Names _____
_____	_____

I, the owner of the above-named pet(s), have authorized the person(s) listed above to care for my pet(s) in my absence. Should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I authorize the caretaker to act as my agent in procuring essential veterinary medical care, with fees not to exceed \$\_\_\_\_\_. I agree to pay the fees for such professional veterinary services. **I have** \_\_\_\_ **I have not** \_\_\_\_ (check one) provided a credit card number to be kept on file should veterinary services be required for my pet(s) in my absence.

The address and phone number(s) where an agent, relative of mine, or I may be reached are:

Name	Address	Relationship	Phone
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I authorize the veterinarians at Sunset Cliffs Animal Hospital to furnish my pet(s) with veterinary care and to provide essential medical services without my consent. **I do** \_\_\_\_ **I do not** \_\_\_\_ (check one) authorize intensive medical efforts for my pet(s). In the event that the attending veterinarian determines that my pet is suffering and/or is incurably injured, **I give my consent** \_\_\_\_ **do not give my consent** \_\_\_\_ (check one) for euthanasia. If my pet should die or is euthanized, I request that the body be retained until I return \_\_\_\_, be individually cremated \_\_\_\_, be communally cremated \_\_\_\_ (check one) and I agree to pay the fees for such services.

_____ Signature of Owner	_____ Date
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_____ SCAH Witness	_____ Date
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