



## Authorization to Treat

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to make medical and health care decisions for my pet(s) (listed below) in my absence. In the event of an emergency, I understand that Frontier Veterinary Hospital (FVH) will attempt to contact me at the phone number(s) provided; however, I understand that if I cannot be reached within a reasonable amount of time (as determined by FVH based on urgency of medical care), I authorize FVH to treat my pet however is deemed necessary for its health and well-being. Furthermore, I agree to pay for any and all expenses that may be incurred.

Pets included in authorization (please note any special medical concerns):

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Dates this Authorization is valid:

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Phone number(s) to contact owner(s):

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Phone number(s) of person(s) authorized to make medical decisions:

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\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date of Agreement

In the unlikely event that your pet is facing an urgent and immediate life-threatening condition, we will do everything in our power to ensure his or her continued comfort. If your wishes are a humane end to their suffering, please initial below.

\_\_\_\_\_ Yes, if the doctor feels that recovery is not possible.

\_\_\_\_\_ No, please keep my pet comfortable until I return.

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