

Medical Proxy

I, _____, am giving permission for a medical proxy to be designated for the care of my pet _____ with the following document. In my absence, _____, will be able to authorize medical care for my pet mentioned above until _____ days from the date on this document, not to exceed one year or 365 days. All medical authority is granted to my proxy in my absence.

Medical care is defined as any routine or emergency care that is used to aid in the quality of life or immediate critical care of my pet. Under veterinary advisement, my proxy may authorize any care, including euthanasia of my pet if current medical circumstances are dire and my pet is considered to be suffering. If time is available, attempts should be made to get my authorization via phone, if euthanasia is considered the primary option.

This document does absolve St. Francis Animal Clinic ownership, the Veterinarian or Veterinarians, and the staff from any direct liability for normal care given to the pet listed here. All medical expenses are to be met by the proxy in my absence, or by me via phone or other method.

The identification of the pet and proxy should be defined with photo id and/or pet id where able. If any are in question, the least invasive diagnostics or care should be given until such a time as I may be reached by phone, except in the case of emergency or life saving care.

_____ Pet Owner (Print)	_____ Person to authorize medical care
_____ Pet Owner (Signature)	_____ Pet Owner phone number
_____ Pet's name	_____ Pet Owner Email
	_____/_____/_____ Month/Day/Year