

Who Can Bring Your Pet for Service/Medical Care

Your personal and pet information falls under the Privacy Act Statement and no one may access this information without your written and signed consent.

In order to have a caretaker bring your pet in for service/medical care, please see the following requirements below.

Owner:

The owner must complete the information requested below or supply the caretaker with a general or special power of attorney. It is best for the owner to turn in the form to the Vet before they leave. This way the caretaker can call in to make appointments for the pet. Turning in the form ahead of time is not required but it will make it easier for the caretaker to book an appointment. Payment is due at the time of service; you will need to make arrangements with the caretaker to make payment in the event the pet needs to be seen while in their care.

Caretaker:

The caretaker must carry a military I.D. and sign below acknowledging they are the caretaker for your pet. A caretaker is not allowed to sign or authorize another caretaker for your pet or transfer ownership of your pet.

Caretaker is authorized for:

- | | |
|---|---|
| <input type="checkbox"/> ALL SERVICES | <input type="checkbox"/> Health Certificate Appointments |
| <input type="checkbox"/> Vaccination Appointments | <input type="checkbox"/> Pick Up Medical Records at a health certificate appointment |
| <input type="checkbox"/> Sick Call Appointments | <input type="checkbox"/> Caretaker is allowed to make life or limb decisions for my pet |
| <input type="checkbox"/> Emergency Appointments | |
| <input type="checkbox"/> Pick Up Prescriptions | |

Caretaker Designation Form

Owner's Name (Sponsor): _____

Last four digits of Social Security Number (Sponsor): _____

Pet's Name: _____

Caretaker Name: _____

Caretaker's Phone Number: _____

Effective Date: _____ Expiration Date: _____

I, the owner listed above, give permission for the caretaker(s) listed above to seek service/medical care for my pet also listed above.

Owner Signature

Date

Caretaker Signature

Date

Vet Clinic Employee:

Date: