



EMERGENCY MEDICAL AUTHORIZATION FORM

In the case of an emergency I, _____, (your name) owner of _____ (your pets name) authorize The LEASH Loft & Spa Inc. to make emergency veterinary decisions should the need arise and I am unable to be contacted through the information listed. I recognize that The LEASH Loft & Spa Inc. will do everything in their power to try and contact me prior to making decisions, however the wellbeing and health of my pet is of utmost importance. I understand and accept full financial responsibility for any expenses incurred by The LEASH Loft & Spa Inc. while acting on my behalf and under the direction of a licensed veterinarian.

Owner Name(Printed): _____

Owner Signature: _____

Date: _____ - _____ - _____

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