

BIGHORN VETERINARY SERVICE, LLC
13545 US Highway 285
Pine, CO 80470
303-838-8715

ABSENTEE AUTHORIZATION FOR PROFESSIONAL SERVICES

Owner's Name: _____

Address: _____

Name of Animal(s): _____

I understand that in my absence an attempt will be made to reach me at the following phone numbers:

Home: _____ Work: _____ Cell: _____

Fax: _____ E-Mail: _____

In the event I cannot be reached, (Name) _____

(Phone Numbers) _____

will be authorized to request care for my animal(s). I authorize the agent listed to make medical decisions in my absence. In the event of my agent's absence, I authorize the doctors of Bighorn Veterinary Service, LLC to do so without recourse. I understand that the outcome can not be guaranteed.

I further agree to be financially responsible for any charges incurred in my absence up to the dollar amount of \$_____ and agree to pay the set expenses in a timely manner upon my return.

In the event that a medical conditions(s) arises such that the quality of life will be lost, i.e. permanent medical damage with little or no change of future normality, please attempt to discuss the situation with me by trying to contact me within a 48 hour period of time. If no telephone contact can be made to discuss the situation, I hereby authorize the doctors of Bighorn Veterinary Service to euthanize this animal.

This authorization is valid for the listed dates: From: _____ To: _____

If specific dates are not given I understand that this authorization is valid until written revocation is given.

Date

Signature of Owner