

# Temporary Guardianship Authorization Form



## Date of Appointment

\_\_\_\_\_  AM  PM  
Date (Month / Day / Year) Hour / Minutes

## Owner Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

## Temporary Guardian's Information (Pet Sitter, Kennel, etc.)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Phone Number

## Permissions

I, \_\_\_\_\_ give permission to \_\_\_\_\_ to make decisions on treatment for  
OWNER NAME TEMPORARY GUARDIAN'S FULL NAME  
\_\_\_\_\_ during my absence based on the recommendations from the attending Veterinarian in the  
PET'S NAME  
event that I cannot be reached in a timely manner during a medical or surgical emergency. This authorization  
\_\_\_\_\_ include decisions regarding humane euthanasia of my named pet(s).  
DOES / DOES NOT

I, \_\_\_\_\_ accept all financial responsibility for costs resulting from those decisions if attempts to  
OWNER NAME  
reach me for permission are unsuccessful. I request that efforts be taken to keep these costs below \$ \_\_\_\_\_ .  
DOLLAR AMOUNT

I am aware that there may be situations where the initial and ongoing care necessary to keep my pet(s) comfortable and to prevent their condition from further deteriorating while attempts are made to contact me may exceed this amount.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (Month / Day / Year)

## Pet Medical History

Pet Name \_\_\_\_\_

Age \_\_\_\_\_

Species \_\_\_\_\_

Microchip Number \_\_\_\_\_

Sex:  Male  Female

Spayed or Neutered?  Spayed  Neutered  Intact

Pet is mainly indoor or outdoor?  Indoor  Outdoor  Both

Vaccine Status:  Up to date  Due / Overdue  Not sure

## Medical Information

Medical History:

Please include previous illnesses/surgeries/hospitalizations, current/ongoing illnesses, any prior relatable history, allergies/reactions to medications, current medications/supplements (include dosages, frequency and duration of treatment).

Please send the completed form to [info@glenviewvet.ca](mailto:info@glenviewvet.ca) along with any relevant medical records for your pet. A team member will reach out to you to confirm the information. Thank you!