

→ ALTERNATE/EMERGENCY CONTACT INFORMATION:

- Please notify your alternate/emergency contact person of your travel dates and that you will provide us with their information as a trusted resource to make decisions for your pet in the event we are unable to reach you during your pet's stay with us.

Alternate/Emergency Contact Information:

Name: _____ Relationship: _____

Primary Phone: (____) _____ - _____ Type: Mobile Home Work

Alternate Phone: (____) _____ - _____ Type: Mobile Home Work

Absent Owner Treatment Consent

In the event an injury or unforeseen health emergency arises, we make every effort to obtain approval for a treatment plan. We encourage pet owners to consult with their family members to determine an emergency care directive to be used in the event we are unable to reach a pet owner or emergency contact.

- I authorize any amount necessary for the treatment of my pet at Raintree Pet Resort + Medical Center.
- I authorize a maximum of \$ _____ to be used towards my pet's care at Raintree Pet Resort + Medical Center

Signature: _____ Date: _____