Temporary Guardianship

Owner

Chart #

Pet

Phone #

Alternate Phone #

I, am the legal owner of .

I am going to be out of town from until and am leaving my pet in the

temporary guardianship of . I hereby grant the temporary

guardian my full authorization to make decision as to general first aid treatment for any minor injuries or

illnesses experienced by my pet. If the injury or illness is life threatening or in need of emergency treatment, I

authorize the temporary guardian to issue consent for any X-ray, anesthetic, blood transfusion, medication, or

other medical diagnosis, treatment, or hospital care deemed advisable by Chester Valley Veterinary Hospital.

Signature

Date

 I give consent for the temporary guardian to be able to make the decision to euthanize my

pet if deemed necessary by Chester Valley Veterinary Hospital in the event of an emergency or accident.

 I do not give the temporary guardian permission to make the decision the euthanize my pet

under any circumstance.

Comments or extra instructions:

I understand that I am fully responsible for all charges accrued during treatment that will be paid on

the day of services rendered by myself over the phone or by the temporary guardian.

Signature

Date