Main Street Pet Visits
INFO@MAINSTREETPETVISITS.COM

FORM 05

Emergency Contact Form

Important: Please provide at least two emergency contacts who can make decisions on your behalf if you are unreachable during a scheduled visit. Contacts must be adults (18+) who are familiar with your pet(s) and authorized to grant veterinary care approval.

PRIMARY OWNER / AWAY CONTACT

YOUR NAME

PHONE WHILE AWAY

EMAIL WHILE AWAY

BEST TIME TO REACH YOU

LOCATION / TIME ZONE WHILE AWAY

TRAVEL / RETURN DATE

EMERGENCY CONTACT #1

FULL NAME

RELATIONSHIP TO PET OWNER

PRIMARY PHONE

SECONDARY PHONE

EMAIL

HAS KEY TO PROPERTY?

☐ This contact is authorized to approve emergency veterinary treatment on my behalf.

EMERGENCY CONTACT #2

FULL NAME

RELATIONSHIP TO PET OWNER

PRIMARY PHONE

SECONDARY PHONE

EMAIL

HAS KEY TO PROPERTY?

☐ This contact is authorized to approve emergency veterinary treatment on my behalf.

EMERGENCY VETERINARY AUTHORIZATION

If I cannot be reached and my pet requires emergency veterinary care, I authorize Main Street Pet Visits to transport my pet to the nearest available veterinary facility and consent to treatment as recommended by the attending veterinarian. I accept full financial responsibility for any resulting costs.

CLIENT SIGNATURE

DATE