

## ANIMAL EMERGENCY TREATMENT AUTHORIZATION

It is the responsibility of the parent/adult owner to have an emergency care plan for his/her animal. Please indicate below by initialing how you would like Thurston County 4-H staff/volunteers to respond if your animal is injured or sick:

I \_\_\_\_\_ have initialed the veterinary treatment option of my choice below:  
(parent/guardian/adult owner)

1. \_\_\_\_\_ Take no action other than contacting me. I accept the consequences of delayed action if I can not be reached.
- 2\*\* \_\_\_\_\_ Contact my regular veterinarian, Dr. \_\_\_\_\_, phone \_\_\_\_\_.  
He/She has my permission to perform treatment, which is necessary in his/her professional opinion. All veterinarian expenses are at Owner's expense.
- 3\*\* \_\_\_\_\_ Contact local veterinarian, Dr. \_\_\_\_\_, Phone \_\_\_\_\_ or  
Dr. \_\_\_\_\_, Phone \_\_\_\_\_ if I or my regular veterinarian can not be reached. All veterinarian expenses are at Owner's expense.

Parent/Adult Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *Parent/Adult Owner Contact Information*

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\*\* Event staff will make every effort to notify parent/adult owner prior to treatment of animal.

## ANIMAL EMERGENCY TREATMENT AUTHORIZATION

It is the responsibility of the parent/adult owner to have an emergency care plan for his/her animal. Please indicate below by initialing how you would like Thurston County 4-H staff/volunteers to respond if your animal is injured or sick:

I \_\_\_\_\_ have initialed the veterinary treatment option of my choice below:  
(parent/guardian/adult owner)

1. \_\_\_\_\_ Take no action other than contacting me. I accept the consequences of delayed action if I can not be reached.
- 2\*\* \_\_\_\_\_ Contact my regular veterinarian, Dr. \_\_\_\_\_, phone \_\_\_\_\_.  
He/She has my permission to perform treatment, which is necessary in his/her professional opinion. All veterinarian expenses are at Owner's expense.
- 3\*\* \_\_\_\_\_ Contact local veterinarian, Dr. \_\_\_\_\_, Phone \_\_\_\_\_ or  
Dr. \_\_\_\_\_, Phone \_\_\_\_\_ if I or my regular veterinarian can not be reached. All veterinarian expenses are at Owner's expense.

Parent/Adult Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *Parent/Adult Owner Contact Information*

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\*\* Event staff will make every effort to notify parent/adult owner prior to treatment of animal.