



# VACATION CONSENT FORM



Londonderry Animal Hospital  
2164 East Harrisburg Pike Middletown, PA 17057  
Phone: 717-944-5863 Fax: 717-944-2838  
www.londonderryvet.vetsuite.com

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Number(s) (while on vacation): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Species: Feline / Canine / Other

Sex: Male / Female

Neutered: Yes / No

I will be leaving my above described pet in the care of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. In the event of an emergency, I authorize the doctors and staff of Londonderry Animal Hospital to commence emergency treatment for my pet(s). I understand that Londonderry Animal Hospital will attempt to contact me as soon as possible. If I cannot be reached, I authorize the person(s) listed below to make medical decisions for my pet(s) on my behalf.

I wish for the doctors and staff to: (please initial one of the following options)

\_\_\_\_\_ Do whatever is deemed necessary for my pet(s) comfort and safety

\_\_\_\_\_ Do not exceed \$ \_\_\_\_\_ without my personal consent

Person(s) authorized to make decisions on my behalf:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Additional Information:

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