

TO: Any veterinary or emergency clinic this letter is presented to
DATED: <DATE>; this letter and its authorization has no expiration

To Whom It May Concern:

Anyone in possession of this letter and accompanying pictures of my pet(s) is authorized to seek emergency medical attention for my pet(s) in my absence.

BRIEF HISTORY OF EACH PET'S CURRENT MEDICAL CONDITION

All are microchipped. All eat lam's Weight Control food (dry) or lam's canned food and various treats.

<NAME, gender, coloring and any identifying marks>

Microchip: <fill in>
Born: <DATE>; Weight: <#>; spayed / neutered: <Yes or No?>
Current conditions: <fill in>
Current meds: <fill in>

<NAME, gender, coloring and any identifying marks>

Microchip: <fill in>
Born: <DATE>; Weight: <#>; spayed / neutered: <Yes or No?>
Current conditions: <fill in>
Current meds: <fill in>

<NAME, gender, coloring and any identifying marks>

Microchip: <fill in>
Born: <DATE>; Weight: <#>; spayed / neutered: <Yes or No?>
Current conditions: <fill in>
Current meds: <fill in>

<NAME, gender, coloring and any identifying marks>

Microchip: <fill in>
Born: <DATE>; Weight: <#>; spayed / neutered: <Yes or No?>
Current conditions: <fill in>
Current meds: <fill in>

STEP 1: TRY TO REACH ME. Obviously, please attempt to contact me (see contact info. below). If you're unable to reach me...

STEP 2: WHENEVER POSSIBLE, consultation with my veterinarian (see contact info. below) is preferable and any recommendations are to be followed. *Any* treatment needed, including euthanasia, if medically required for the care and comfort of my pet(s). I agree to pay *all* necessary charges incurred upon my return.

STEP 3: IF STEP 1 & 2 FAIL, please try to contact <fill in family or friends> (see contacts below). They would take over responsibility for the pet(s) from the individual who brought it / them in. Their instructions (in person or by phone) are to be followed explicitly, including euthanasia, if medically required for the care and comfort of my pet(s). I agree to pay *all* necessary charges incurred upon my return.

Thank you for your professionalism and diligence in caring for my kitties.
<sign>

- **MY NUMBERS:** <#> (mobile), <#> (voicemail / pager)
- **MY VETERINARIAN:** <dr's. name, veterinary clinic name, and #s>
- **OTHER CONTACTS:** <name and #s>