

Pet Medical Directive Mystic Will Give to Veterinarians If Needed

Owners Names and Phone Numbers:

Animal(s) Name, Breed and Age:

Emergency contacts (in case we can't get hold of owner, does not need to be local, someone to help with medical and financial decisions):

Credit card information or contact who has it:

Veterinary contact (we will use our veterinarian or available emergency veterinarians but we need to know who to contact for medical records, this form authorizes consent to transfer medical records):

Authorization for type of medical or life-saving care: Please fill out the below list but the minimum required is exam, fluids, antibiotics, pain meds...additional examples includes: blood work, xrays, oxygen, blood transfusions, surgery.

Authorization for cost

Minimum is \$1000 to cover emergency exam and initial care...but we need to know if there is a limit without verbal authorization by the owners or emergency contacts, for example up to \$5000 or no limit. We always try to get hold of owners and emergency contacts at the first sign of illness, but if we can't we need to know your financial wishes.

Please revise this medical directive per your wishes, this is your information for Mystic to give to a veterinary clinic with your specific consent. If you would like a word version please contact Mystic.

This Medical Directive is additional information for Mystic to provide to a Veterinarian and does not replace the Pet Service Agreement between Mystic and the Pets Owner for providing health care for the animal and for repayment to Mystic if services are required by a Veterinarian.

Medical Directive To Give to Veterinarian Clinic with Owners wishes

I, _____, *authorize medical care for, pet name(s),*

_____ *in the event of an medical emergency.*

*This includes medical treatments such as: **please cross out those you do not authorize***

- *exam, fluids, antibiotics, pain meds (required)*
- *blood work, xrays, other basic testing*
- *oxygen, blood transfusions*
- *emergency surgery*
- *intubation, placed on a ventilator/respirator under anesthesia*
- *CPR, Feeding tube*
- *Others you authorize or those you do not authorize*

Medical care up to _____\$ _____ is authorized.

However, if the prognosis is poor, or my pet is in significant, life-threatening pain that cannot be medically managed, I authorize humane euthanasia. (cross this out if you do not agree)

Signature: _____