

DireWolf Express™

Emergency Care Authorization Form

I, _____, owner of the below-described animal, authorize Jay or Jennifer Stoeckl from the **DireWolf Express™** to make emergency veterinary medical decisions, including euthanasia (*unless noted below*), for the animal described below in the event that I cannot be reached. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the emergency care of the animal.

Owner's Name: _____

Owner's contact information in case of emergency (provide all forms of contact):

Other contacts (travel companions, spouse, etc. – name and contact information):



Dog's name: _____

Dog Breed: **American Alsatian™ dog**

General Description (color, markings): _____

Age, Weight, Sex: _____

Relevant medical history: _____

Vaccination history: _____

Medications:

Name	Dose	Frequency	How medication is given (orally, etc)	Other notes

Other medication notes: _____



Authorized Agent: Jennifer and Jay Stoeckl

Relationship to Owner: DireWolf Express Pet Transport Service

Contact information of Authorized Agent:

DireWolf Express

5502 Hwy 25 S

Fruitland, WA 99129

Jennifer's Cell: 509-464-9838, email: americanalsatian@yahoo.com

Jay's Cell: 509-638-9141, email: jstoeckl22@gmail.com



Other Instructions:

I authorize emergency veterinary care costs up to \$_____.

I do **NOT** authorize euthanasia without my direct consent.

In the event of my animal's death, I wish for the following to be done with its remains:

I do **NOT** authorize the following procedures/treatments (please provide a description of what is to be done in place of this procedure/treatment):

Owner's Signature

Date

Owner's Printed Name