



Z O O T

PET HOSPITAL + LUXURY BOARDING

# Emergency Contact List

Primary Account Contact

Phone Number

\_\_\_\_\_

\_\_\_\_\_

Secondary Account Contact

Phone Number

\_\_\_\_\_

\_\_\_\_\_

◆-----◆ **IF AUTHORIZING** ◆-----◆

I, \_\_\_\_\_, give the contact(s) on this list permission to authorize **MEDICAL TREATMENT** for my pet(s) on my behalf if I am not reachable during any given boarding stay.

(We strongly recommend informing the people on this list that you have them listed as an emergency contact for your pet(s).)

Authorized Emergency Contacts

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature to Authorize:** \_\_\_\_\_ **Date:** \_\_\_\_\_

◆-----◆ **IF DECLINING** ◆-----◆

I, \_\_\_\_\_, hereby **DECLINE** to list an alternate authorized emergency contact on my account.

**Signature to Decline:** \_\_\_\_\_ **Date:** \_\_\_\_\_