



**Bark Avenue**  
421 Welham Rd, Barrie, On, L4N 0B6 \* (705) 770-PAWS

**Veterinary Authorization**

\_\_\_\_\_ (date)

Dear Dr. \_\_\_\_\_ and staff of \_\_\_\_\_,  
(veterinarian) (clinic name)

This letter is to advise you that I, \_\_\_\_\_, have retained the services of Bark Avenue for the care of my pet(s):

For the duration of my absence during the period from \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

Or

On an ongoing basis.

In the event of an illness or injury with my pet(s), I authorize Bark Avenue to obtain medical treatment at your facility. I have provided Bark Avenue with an Authorization for Veterinary Services.

Treatment may include, but is not limited to assessment, diagnostic tests, medications and procedures, which are deemed urgent or emergent. I ask that any and all charges associated with your treatment be billed directly to me and have included my client information below.

Client Name: \_\_\_\_\_ Pet Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Bark Avenue has my emergency contact information and will be contacting me in the event of an emergency. Please do not hesitate to do so yourself if you require any further information.

Thank you,

## Advanced Directives for Care

Owner Name:		
Address:		Postal Code:
Home Phone:	Office Phone:	Mobile Phone:
Emergency Contact:		Phone:
E-Mail:		
Veterinarian Name:		Phone:
Veterinarian Address:		
Account Holder:		

Pet Name	Nicknames	Date of Birth
Breed	Color	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies	Distinct Markings	Neutered/Spayed <input type="checkbox"/> Yes <input type="checkbox"/> No

### **Green – Aggressive Treatment**

Emergency veterinary services, including all diagnostic testing, medications and treatment (including surgical) required. Plan for long-term treatment if required.

### **Yellow – Active Treatment**

Emergency veterinary services, including all medications and treatment (including surgical); diagnostic testing limited only to immediate necessity.

### **Orange – Supportive Treatment**

Emergency veterinary services, including immediate treatment or medication required; no diagnostic testing or invasive procedures (surgery, intravenous fluids, etc.).

### **Red – Comfort Measures**

Emergency veterinary services limited to pain management / care and comfort only.

### **Euthanasia**

I understand that, should an untreatable injury or illness occur, all attempts to reach me or my listed emergency contact will be made. In the event that I am unreachable and the treating veterinarian determines that the animal is suffering, I would prefer the following measures to be taken:

I authorize Bark Avenue or an agent to consent to euthanasia to be carried out in my absence.

I do not authorize Bark Avenue to consent to euthanasia until contact has been made.  
(Maintain Level of Care as Comfort Measures)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Client

<b>Preferred Veterinarian:</b>	<b>After Hours Services</b>
Address:	
Telephone:	
Hours of Operation:	