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## Caregiver Consent Form

I, \_\_\_\_\_, authorize \_\_\_\_\_ (caregiver) to make medical and financial decisions for my pet(s) when I am unavailable. I acknowledge that I will be held responsible for all costs authorized by my appointed caregiver. I authorize Lone Star Animal Hospital to retain my credit card information, in a secure manner, to charge when services are rendered.

Lone Star Animal Hospital strives to always provide the best care possible for your pet. In the unfortunate and unlikely event that your pet experiences a medical emergency, we will of course make every effort to contact you immediately. So that we understand your wishes, please select one of the following:

\_\_\_\_ Do everything possible for my pet (CPR- resuscitate)

\_\_\_\_ Do NOT treat my pet (DNR- do NOT resuscitate)

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_