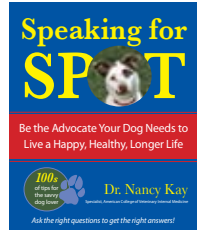


Contingency Plan: In Case of Emergency



In the event of an emergency, and I am unreachable, I authorize _____ *name of the person(s) caring for your dog* _____ to make any medical decisions on behalf of my dog, _____ *name of your dog* _____, _____ *age of your dog* _____, _____ *sex and breed of your dog* _____. This will be applicable from _____ *date to date* _____.

_____ *print name*

_____ *sign name*

_____ *date*