

LEAVING ON VACATION WITHOUT YOUR ANIMALS

by Dr. Laura Harris

Many of us leave on vacation at some time during the year. And, most of us eventually need to leave our animals, whether they be horses, dogs, cats or small livestock, in the care of someone outside our immediate family. While we all hope that nothing will go wrong in our absence, it is best to leave information with your animals' caretaker(s) that will allow your animals to receive necessary medical attention while you are away. Even a few hours wasted while the caretaker(s) or veterinarian try to contact you can seriously affect your animals' welfare.

Take a few moments before you leave to compile emergency contact information and to indicate your preferences for medical intervention and even the worst healthcare situation will turn out better than it might have. On the following pages, you will find suggestions about what information might be helpful in your absence. A medical letter of intent is a legal requirement for all but the most basic medical care of any animal. And, organized feeding / exercise / housing instructions will help maintain your animals' routine schedule and avoid upset.

LEAVING ON VACATION WITHOUT YOUR ANIMALS
page 2

contact numbers while you are gone: _____

E mail: _____

physical address and directions to the property where animals are housed:

itinerary: attach on separate page for each trip

neighbors or relatives to contact: _____ phone: _____
_____ phone: _____
_____ phone: _____
_____ phone: _____

equine veterinarian of choice: _____ phone: _____
 alternate #1: _____ phone: _____
 alternate #2: _____ phone: _____
equine hospital of choice: _____ phone: _____
 alternate #1: _____ phone: _____

small animal veterinarian of choice: _____ phone: _____
 alternate #1: _____ phone: _____
emergency facility of choice: _____ phone: _____

plumber: _____ phone: _____
electrician: _____ phone: _____
air conditioning: _____ phone: _____

feed store: _____ phone: _____
horse shoer: _____ phone: _____

LEAVING ON VACATON WITHOUT YOUR ANIMALS

page 3

Letter of medical intent for EACH animal:

1) name _____
age _____
sex _____
color _____
breed _____
previous major medical history _____

routine medications _____

insurance company _____ phone _____
veterinarian of choice _____ phone _____
hospital or emergency center of choice _____ phone _____
horse shoer _____ phone _____

if the animals' owner cannot be reached:

person to authorize treatment: _____ phone _____
alternate: _____ phone _____
person to authorize euthanasia: _____ phone _____
alternate: _____ phone _____

financial parameters: _____
surgical permission: yes no medical permission: yes no
permission to admit to hospital: yes no
person to transport animal(s) to hospital _____ phone _____
in the event of euthanasia I want the animal 1) buried 2) cremated, no
ashes 3) cremated with ashes back 4) livestock disposal

I hereby agree, that in the event that I cannot be reached, and my animal
(_____) needs veterinary care in my absence; I will hold all persons
involved in the treatment of (_____) completely harmless and
without liability regardless of the outcome of said treatment.

Further, I will pay all bills / expenses incurred in the treatment of (_____),
within the above specified parameters, immediately upon my return.

Signed: _____ date: _____

LEAVING ON VACATION WITHOUT YOUR ANIMALS
page 4

animal: _____

DAILY MEALS:

AM time _____ midday time _____ PM time _____ late PM time _____

AM meal: _____ medication: _____

Midday meal: _____ medication: _____

PM meal: _____ medication: _____

Late PM meal: _____ medication: _____

EXERCISE:

	AM	PM
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____