

## Absent Owner Treatment Consent Form

To be filled out by the owner and used in case their pet(s) needs emergency care at:

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Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Contact Phone Number(s) while you are away:

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

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

Person(s) taking care of pet during absence:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address:

\_\_\_\_\_

Please check one of the following statements:

The agent above is responsible for my pet(s) while I am away and will be able to make **all decisions regarding veterinary care.**

The agent stated above is responsible for my pet(s) while I am away. **For decisions regarding veterinary care, I wish to be contacted.** If I cannot be reached, I appoint the following person to act on my behalf:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

### FINANCES:

I authorize the use of my card number to be used only while I am away (see the dates above), by the above stated veterinary hospital to pay for any medical expenses that my pet(s), listed on page 2, may require. I am aware that my credit card number will be kept

on file but will be stored in a private and confidential manner. Please check one of the following:

I authorize **any amount necessary** for the treatment of my pet at stated hospital.

I authorize **a maximum of \$**\_\_\_\_\_ to be used towards my pets' care at stated hospital.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Visa or MasterCard Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name (as it appears on the card):

\_\_\_\_\_

Cardholders Signature:

\_\_\_\_\_

### **Description of pet 1:**

Name \_\_\_\_\_

Birth date \_\_\_\_\_

Sex (circle one): Female Spayed female Male Neutered male

Breed: \_\_\_\_\_

Medical History (Don't forget to mention any medications your pet may be currently taking):

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**Description of pet 2:**

Name \_\_\_\_\_

Birth date \_\_\_\_\_

Sex (circle one): Female Spayed female Male Neutered male

Breed: \_\_\_\_\_

Medical History (Don't forget to mention any medications your pet may be currently taking):

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**Description of pet 3:**

Name \_\_\_\_\_

Birth date \_\_\_\_\_

Sex (circle one): Female Spayed female Male Neutered male

Breed: \_\_\_\_\_

Medical History (Don't forget to mention any medications your pet may be currently taking):

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**Description of pet 4:**

Name \_\_\_\_\_

Birth date \_\_\_\_\_

Sex (circle one): Female Spayed female Male Neutered male

Breed: \_\_\_\_\_

Medical History (Don't forget to mention any medications your pet may be currently taking):

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