



Absent Owner Consent Form

To be filled out by the owner in case their pet(s) needs emergency care while the pet(s) are in the care of another person. Please complete this form and leave it with the person responsible for pet care in your absence.

Owner Name _____

Phone # _____ Cell # _____

Address _____ City _____ Postal Code _____

Departure Date _____

Returning Date _____

Contact Phone Number while you are away _____

Person(s) taking care of pet during my absence:

Name _____ Phone # _____

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 am not available, I appoint _____ (name) at _____ (phone number) to make decision on my pet(s) medical treatment on my behalf.

FINANCES:

I authorize the use of my card number to be used only while I am away (see the dates above), by Whatcom Road Veterinary Hospital to pay for any medical expenses that my pet(s) listed on page 2 may require.

I authorize a maximum of \$ _____ to be used towards my pet's care at Whatcom Road Veterinary Hospital.

Visa or MasterCard Number _____ Exp _____ Security Code _____

Name (as it appears on the card) _____

Cardholders

Signature _____

Sometimes pet information is incomplete in the file if pets have not yet visited the hospital, if owners have adjusted medications or if additional veterinarians have been involved in the care of your pet. Please complete this form to ensure the medical information we have on file is complete and accurate. Please print/copy additional pages if needed.

Description of Pet:

Name _____ Birth Date _____

Sex: (circle one) Male/Female Neutered/Spayed Color: _____

Species (eg. cat, dog) _____ Breed _____

Vaccination History _____

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

Description of Pet:

Name _____ Birth Date _____

Sex: (circle one) Male/Female Neutered/Spayed Color: _____

Species (eg. cat, dog) _____ Breed _____

Vaccination History _____

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

Description of Pet:

Name _____ Birth Date _____

Sex: (circle one) Male/Female Neutered/Spayed Color: _____

Species (eg. cat, dog) _____ Breed _____

Vaccination History _____

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