

# Absent Owner Treatment Consent Form

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

Country Corners Veterinary Hospital – 9210 Marysville Rd. Oregon House, CA 95962 – (530)692-9552

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 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: \_\_\_\_\_