

SHEELER ROAD ANIMAL HOSPITAL
ABSENT OWNER FORM

To be filled out by the owner and used incase their pet(s) need emergency care at Sheeler Road Animal Hospital, while the pet(s) are in the care of another person.

Owner Name _____ Phone # _____

Address _____

Pet Names and Species (Dog/Cat)

Departure Date _____ Returning _____

Contact Phone Number while you are away: _____

Person(s) taking care of pet during your 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 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 #) _____ to act on my behalf.

Owner Signature _____

FINANCES:

I authorize the use of my card number to be used only while I am away (see the dates above), by the Sheeler Road Animal Hospital to pay for any medical expenses that my pet(s), may require. I am aware that my credit care number will be kept on file only through my returning date but will be stored in a private and confidential manner.

I authorize a maximum of \$ _____ to be used towards my pets care, at Sheeler Road Animal Hospital.

Visa, Master, Discover or American Express # _____ Exp _____

Cardholders Signature: _____