

SHEELER ROAD ANIMAL HOSPITAL
ABSENT OWNER FORM

To be filled out by the owner and used in case their pet(s) needs 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 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 No. _____ 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), 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.

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

Visa, Discover or MasterCard Number _____ exp _____

Name (as it appears on the card) _____

Cardholders Signature _____