

# Alpine Animal Hospital

Vacation/In Absentia Instructions

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

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

\_\_\_\_\_

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

**Owner's Emergency Phone #:** \_\_\_\_\_

**Inclusive Dates of Absence:** \_\_\_\_\_ **to** \_\_\_\_\_

In my absence I fully authorize: \_\_\_\_\_

to care for the following animal(s): \_\_\_\_\_

I request that, should the need arise in my absence, my pets are to be presented to Alpine Animal Hospital for medical and surgical care. By my initials below I authorize the following:

\_\_\_\_\_ in case of emergency stabilize my pet(s) until my return and try to contact me for medical and surgical decisions.

\_\_\_\_\_ I entrust all medical and surgical decisions to the above named care giver.

\_\_\_\_\_ I entrust all medical and surgical decisions to the doctors at Alpine Animal Hospital.

\_\_\_\_\_ I entrust all medical and surgical decisions to the doctors at Alpine Animal Hospital and request night and weekend care be provided by an emergency/critical care center if it is deemed prudent.

\_\_\_\_\_ I give permission for the doctors at Alpine Animal Hospital to humanely euthanize my pet(s) if they recommend to do so.

\_\_\_\_\_ I authorize such care not to exceed \$ \_\_\_\_\_ per pet and/or \$ \_\_\_\_\_ total.

\_\_\_\_\_ I agree to take full financial responsibility for all costs incurred and authorize Alpine Animal Hospital to debit my Visa/Mastercard account for such costs.

Card No.: \_\_\_\_\_ exp.: \_\_\_\_\_ Vcode: \_\_\_\_\_

Signature of Pet Owner \_\_\_\_\_ Date \_\_\_\_\_