



ABSENT OWNER FORM

Owner Name(s) _____ Primary phone# _____
Other phone# _____

Address _____ City _____ PC _____

I will be leaving _____ and returning _____

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

Name _____ Primary phone # _____
Other phone# _____

Staying at my residence? Yes [] No []

Please check which one of the following statements will apply while you are gone:

- The agent above is responsible for my pet(s) while I am away and will be able to make **all** decisions regarding veterinary care.

Exceptions _____

- The agent stated above is responsible for my pet(s) while I am away. For decisions regarding veterinary care, I wish to be contacted at:

Contact phone# (_____) _____ in _____

If I am not available, I appoint:

Name _____ at phone# _____ to act on my behalf.

FINANCES:

I authorize my credit card number to be used only while I am away (see the dates above), by the Brentwood Animal Hospital, to pay for any medical expenses or medications that my pet(s) may require. I am aware that my credit card number will be kept on file but will be stored in a confidential manner.

I authorize a maximum of \$ _____ to be used towards my pets care at the Brentwood Animal Hospital. (If you indicate a 'maximum amount', you must provide contact information above.)

Owner(s) signature _____ Date _____

Witness _____

Description of pet:

Name _____ Age _____ years / months Sex: F S M N

Description (breed, color)

Notes regarding this pet:

Description of pet:

Name _____ Age _____ years / months Sex: F S M N

Description (breed, color)

Notes regarding this pet:

Description of pet:

Name _____ Age _____ years / months Sex: F S M N

Description (breed, color)

Notes regarding this pet:

- Additional pets? Please see the following sheets
- Please attach any letters or other requests