

**Morris Animal Hospital**  
**Absent Owner Treatment Consent Form**

To be filled out by the owner and used in case their pet(s) needs emergency care at Morris Animal Hospital while your pet(s) are in the care of another person.

Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

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 Morris 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. Please check one of the following:

I authorize any amount necessary for the treatment of my pet at Morris Animal Hospital.

I authorize a maximum of \$ \_\_\_\_\_ to be used towards my pets' care at Morris Animal Hospital.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Visa or MasterCard Number \_\_\_\_\_ exp \_\_\_\_\_

Name (as it appears on the card) \_\_\_\_\_

Cardholders Signature \_\_\_\_\_

**Description of pet:**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Sex:      Female      Spayed female      Male      Neutered male      Unknown

Species (eg. cat, dog) \_\_\_\_\_ Breed \_\_\_\_\_

Medical History (*Don't forget to mention any medications your pet may be currently taking*)

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**Description of pet:**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Sex:      Female      Spayed female      Male      Neutered male      Unknown

Species (eg. cat, dog) \_\_\_\_\_ Breed \_\_\_\_\_

Medical History (*Don't forget to mention any medications your pet may be currently taking*)

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Name \_\_\_\_\_ Birth date \_\_\_\_\_

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Medical History (*Don't forget to mention any medications your pet may be currently taking*)

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