

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*)

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*)

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*)
