



www.PineAnimalHospital.com

ABSENT OWNER FORM

Today's Date: ____ / ____ / ____

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

Owner/Caregiver: Mrs. _____ Mr. _____ Ms. _____ Dr. _____

First Name: _____ MI: _____ Last Name: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Driver's License or I. D. Card Number: _____ Expiration Date: _____

Usual Family Veterinarian: _____

Departure Date: _____ Returning: _____

Contact Phone Number while you are away: _____

Person(s) taking care of pet during my absence: Mrs. _____ Mr. _____ Ms. _____ Dr. _____

First Name: _____ MI: _____ Last Name: _____

Phone: _____

Pet is/are staying at my residence? Yes No If no, 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 am not available, I appoint:

Name: _____ at Phone: _____ to act on my behalf.



PET INFORMATION

Name: _____ Age/Birthday: _____ Male Female

Species (cat, dog, etc.) _____ Breed _____ Color _____

Spayed/neutered? Yes No

Does your pet have allergies? Yes No

Has your pet ever had a reaction to vaccines or medications? Yes No If yes, what? _____

List any major illnesses and/or surgeries your pet has had: _____

List any foods and treats you give your pet: _____

Name: _____ Age/Birthday: _____ Male Female

Species (cat, dog, etc.) _____ Breed _____ Color _____

Spayed/neutered? Yes No

Does your pet have allergies? Yes No

Has your pet ever had a reaction to vaccines or medications? Yes No If yes, what? _____

List any major illnesses and/or surgeries your pet has had: _____

List any foods and treats you give your pet: _____

STATEMENT OF OWNERSHIP

I certify that I am the true owner and/or agent of the above animal(s), and have the authorization to consent to treatment if and when it is needed.

Signature: _____ Date: _____

FINANCES

I authorize the use of my card number to be used only while I am away (see the dates above), by the **Pine Animal Hospital** to pay for any medical expenses that my pet(s), listed above, 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 the **Pine Animal Hospital**.

Visa or MasterCard Number: _____ Exp. Date: _____

Security Code on Back of Card: _____

Name (as it appears on the card): _____

Cardholders Signature: _____

