

Owner Absence Instructions

Owner's Name: _____

Owner's Address: _____

Owner's Contact Numbers: _____

Pet Name: _____ Species: _____

Age: _____ Sex: _____ Spay/Neuter: _____

Color: _____ Breed: _____

As the owner of the above animal, I give permission to:

Name: _____ Contact Number: _____

to bring my animal to _____ Hospital for treatment and/or non-elective surgery if indicated during my absence (dates listed below) up to the amount of \$ _____.

I will be responsible for any charges incurred:

_____ I have left a check with the above designated responsible party to cover any incurred charges.

_____ Please charge my credit card up to the amount stated above:

Name as it appears on the card: _____

Card Type (Visa/Mastercard/Discover): _____

Account Number: _____

Expiration Date: _____

This permission form is to remain valid from _____ until _____

Special instructions or requests:

Signature

Date