

**Emerson Animal Hospital Absent Owner Form**

This is to be filled out by the owner and used in case their pet(s) needs emergency care at Emerson Animal Hospital while the pet(s) are in the care of another person.

Date \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact Phone Number while you are away: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Cell:(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Pager:(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Departure Date \_\_\_\_\_ Returning Date \_\_\_\_\_

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

Name \_\_\_\_\_

Telephone Numbers (please include area code):

Home:(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work:(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Cell:(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Pager:(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

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.

**PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED**

**How will you be making payment today?\*** **Sorry, we DO NOT charge!**

Cash \_\_\_ Check \_\_\_ Visa \_\_\_ M/C \_\_\_ Discover \_\_\_ American Ex. \_\_\_

**\* In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Emerson Animal Hospital, and their support staff, to administer**

such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

\* No guarantee or assurance can be made as to the results that may be obtained.

\* Further, I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

\* I understand that I am personally financially responsible for all services rendered by the doctors and staff of Emerson Animal Hospital and that payment is due on the date performed.

\*Issuers of bad checks and persons attempting theft of services will be prosecuted to the full extent of the law.

I authorize the use of my credit card number to be used only while I am away (see the dates above) by Emerson Animal Hospital to pay for any medical expenses 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 private and confidential manner.

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

Visa or MasterCard Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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: \_\_\_\_\_

Vaccination History \_\_\_\_\_

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

\_\_\_\_\_

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

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