



Absent Owner Treatment Consent Form

Owner Name: _____ Pet(s) Name: _____

Phone Number: _____

Departure Date _____ Return Date _____

Contact Phone Number(s) while you are away:

(____) _____ (____) _____

Person(s) taking care of pet during absence:

Name _____

Phone # _____

Please check one of the following statements:

The caregiver above is responsible for my pet(s) while I am away and will be able to make all decisions regarding veterinary care.

The caregiver 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 #: _____

I understand that I will be held fully responsible for all charges authorized by the above-said person. The following payment arrangements have been made:

Care giver will pay all fees and I will re-imburse them on my return

I have left a credit card on file at Tenafly Veterinary Center to be used in the event my pet requires medical care while I am away.

I authorize the use of my card number to be used only while I am away (see dates above) by the Tenafly Veterinary Center to pay for any medical expensive 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 matter.

Owner Signature: _____ Date: _____