



Veterinary Eye Clinic

Our Vision Is Caring For Your Pet's Vision

Absent Owner Treatment Consent Form

Owner's Name: _____

Pet Name: _____ Second Pet Name: _____

Phone Number: _____ Second Phone Number: _____

Departure Date: _____ Return Date: _____

Contact Phone Number(s) while you are away:

Contact # 1: _____ Contact #2: _____

Email Address: _____

Person(s) taking care of pet during absence:

First Person: _____ Second Person: _____

Phone Number: (_____) _____ Phone Number: (_____) _____

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 Number: (_____) _____

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:

- Caregiver will pay all fees, and I will reimburse them on my return
- I have left a credit card on file at Veterinary Eye Clinic to be used if my pet requires medical care while I am away.

I authorize my card number to be used only while I am away (see dates above) by the Veterinary Eye Clinic to pay for any medical expense that my pet(s) may require. I know that my credit card number will be kept on file but stored in a private and confidential matter.

Owner Signature: _____ Date: _____

Management Use:

Alhambra

Calabasas

Rancho Cucamonga