



### Absent Owner Treatment Consent Form

To be filled out by the owner and used in case their pet(s) needs emergency care at WAKE FOREST ANIMAL HOSPITAL, 992 Durham Road, Wake Forest, NC 27587.

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Contact Phone Number(s) while you are away:

( ) \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Person(s) taking care of pet during absence:

( ) \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please check one **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 away. For any 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 # \_\_\_\_\_



**FINANCES:**

I authorize the use of my card number to be used only while I am away (see the dates above), by the above stated veterinary hospital to pay for any medical expenses that my pet(s), listed on page 2, may require. I am aware that my credit card number will be kept in a private and confidential manner. Please check one of the following:

- I authorize any amount necessary for the treatment of my pet at the stated hospital.
- I authorize a maximum of \$\_\_\_\_\_ to be used towards my pet(s) care at Wake Forest Animal Hospital.

Owner Signature \_\_\_\_\_

Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on the card  
\_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Description of Pet 1:**

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

Breed: \_\_\_\_\_

Sex (circle one): Female Spayed Female Male Neutered Male

Current Medications: \_\_\_\_\_  
\_\_\_\_\_



**Description of Pet 2:**

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

Breed: \_\_\_\_\_

Sex (circle one): Female Spayed Female Male Neutered Male

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

**Description of Pet 3:**

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

Breed: \_\_\_\_\_

Sex (circle one): Female Spayed Female Male Neutered Male

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

**Description of Pet 4:**

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

Breed: \_\_\_\_\_

Sex (circle one): Female Spayed Female Male Neutered Male

Current Medications: \_\_\_\_\_  
\_\_\_\_\_