



# 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: \_\_\_\_\_