

**SHEELER ROAD ANIMAL HOSPITAL**  
**ABSENT OWNER FORM**

To be filled out by the owner and used in case their pet(s) needs emergency care at Sheeler Road Animal Hospital, while the pet(s) are in the care of another person.

Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Pet Names and Species (Dog/Cat)

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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. If I am not available, I appoint Name \_\_\_\_\_ at Phone No. \_\_\_\_\_ to act on my behalf.

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

**FINANCES:**

I authorize the use of my card number to be used only while I am away (see the dates above), by the Sheeler Road Animal 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 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 Sheeler Road Animal Hospital.

Visa, Discover or MasterCard Number \_\_\_\_\_ exp \_\_\_\_\_

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

Cardholders Signature \_\_\_\_\_