



ABSENT OWNER FORM

To be filled out by the owner and used in case their pet(s) needs emergency care at Riverside Veterinary Hospital, while the pet(s) are in the care of another person.
Fax: (585) 889-8852

Owner Name _____ Phone # _____

Address _____

Family Veterinarian _____

Departure Date _____ Returning _____

Contact Phone Number while you are away: (_____) _____

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

Name _____ Phone # _____

Staying at my residence? Yes No If no, Address _____

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.

FINANCES:

I authorize the use of my card number to be used only while I am away (see the dates above), by **Riverside 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 on file but will be stored in a private and confidential manner.

I authorize a maximum of \$_____ to be used towards my pet's care, at **Riverside Veterinary Hospital**.

Visa or MasterCard Number _____ exp _____

Name (as it appears on the card) _____

Cardholders Signature _____

Description of pet:

Name _____ Birth date _____

Sex: Female Spayed female Male Neutered male Unknown

Species (cat, dog) _____ Breed _____

Vaccination History _____

Medical History (*Don't forget to mention any medications your pet may be currently taking*)

Description of pet:

Name _____ Birth date _____

Sex: Female Spayed female Male Neutered male Unknown

Species (cat, dog) _____ Breed _____

Vaccination History _____

Medical History (*Don't forget to mention any medications your pet may be currently taking*)

Description of pet:

Name _____ Birth date _____

Sex: Female Spayed female Male Neutered male Unknown

Species (cat, dog) _____ Breed _____

Vaccination History _____

Medical History (*Don't forget to mention any medications your pet may be currently taking*)

