



ABSENT OWNER CONSENT FORM

Client Full Name: _____

Phone Number: _____ Email: _____

Address: _____

Departure Date: _____ Return Date: _____

Contact Phone Number(s) while you are away:

(____) _____ (____) _____

Person(s) taking care of pet during absence:

Contact Full Name: _____

Phone Number: _____ Email: _____

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 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), 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.

Please check one of the following:

Initials _____

- I authorize any amount necessary for the treatment of my pet at stated hospital.
- I authorize a maximum of \$_____ to be used towards my pets' care at stated hospital.

VISA/MC/DISC/CARECREDIT _____

Named **Cardholder**: _____

Exp: _____ CVV Code: _____ Billing Zip code: _____

Cardholder's Signature: _____

Driver's License #: _____ State of Issue: _____

Pet Health History (Pet #1)

Name of Pet: _____ Dog Cat Other (Specify): _____

Breed: _____ Color: _____ Birthdate: _____

Male Neutered Female Spayed

Pet's Temperament: Average Affectionate Caution Will Bite Fearful Escape Artist

Pet's Favorite Toy: _____ Pet's Favorite Treat: _____

Has your pet had **any** allergies to food, vaccinations, or medication? _____

Vaccination | Medical History: _____

Pet Health History (Pet #2)

Name of Pet: _____ Dog Cat Other (Specify): _____

Breed: _____ Color: _____ Birthdate: _____

Male Neutered Female Spayed

Pet's Temperament: Average Affectionate Caution Will Bite Fearful Escape Artist

Pet's Favorite Toy: _____ Pet's Favorite Treat: _____

Has your pet had **any** allergies to food, vaccinations, or medication? _____

Vaccination | Medical History: _____

Pet Health History (Pet #3)

Initials _____

Name of Pet: _____ Dog Cat Other (Specify): _____

Breed: _____ Color: _____ Birthdate: _____

Male Neutered Female Spayed

Pet's Temperament: Average Affectionate Caution Will Bite Fearful Escape Artist

Pet's Favorite Toy: _____ Pet's Favorite Treat: _____

Has your pet had **any** allergies to food, vaccinations, or medication? _____

Vaccination | Medical History: _____

Pet Health History (Pet #4)

Name of Pet: _____ Dog Cat Other (Specify): _____

Breed: _____ Color: _____ Birthdate: _____

Male Neutered Female Spayed

Pet's Temperament: Average Affectionate Caution Will Bite Fearful Escape Artist

Pet's Favorite Toy: _____ Pet's Favorite Treat: _____

Has your pet had **any** allergies to food, vaccinations, or medication? _____

Vaccination | Medical History: _____

ADDITIONAL COMMENTS|INSTRUCTIONS:

DMVH Representative: _____ **Subscriber:** _____

Date: _____ **Date:** _____

Initials _____