

Absent Owner Treatment Consent Form

Sometimes, life happens. If your pet needs treatment while you're away, we're more than happy to help. To ensure that your wishes are followed, please fill out the below information.

Guardian (Owner)

Title _____ First Name _____ Last Name _____

Mailing Address

Postal Code _____ City _____ State _____

Email address

Contact Number while away: _____

Person(s) taking care of pet during 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 cannot be reached, I appoint the following person to act on my behalf:

Name: _____ Phone: _____

Companion Animal (Pet)

Name _____ Gender: Female ☐ Spayed Female ☐ Male ☐ Neutered Male ☐

Date of Birth _____ or Approximate Age _____

This pet is: Indoor ☐ Outdoor ☐ Indoor/Outdoor ☐

Does your pet go to boarding facilities, parks or grooming facilities? Yes ☐ No ☐

Medical History (Including any issues, allergies, diet and medications currently taking):

I consent to Bonnie Brae Veterinary Hospital, PA providing care and/or treating the above-named companion animal. I understand that I am responsible for payment in full each time services are rendered for any and all of my pets.

Owner Signature: _____ Date: _____