

Absent Owner Treatment Consent Form

To be filled out by the owner and used in case their pet(s) needs emergency care.

Owner Name:
Phone Number:
Address:
Departure Date: Return Date:
Departure Date Neturi Date
Contact Phone Number(s) while you are away
<u>)</u>
Person(s) taking care of pet during absence:
Ma & Paw Kennel, Gina Gables -Owner - 805.523.3432
☐ 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 from/ to/ pay for any medical expenses that my pet(s), listed, 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:								
$\hfill \square$ I authorize any amount necessary for the treatment of my pet.								
$\hfill\square$ I authorize a maximum of $\hfill\square$ to be used towards my pet's care until I or the								
person designated to make decisions on my behalf regarding my animals' care can be								
reached. (*see above)								
Owner Signature:Date								
Visa or MasterCard Number								
Expiration Date:CVV CodeBilling Zip Code								
Name (as it appears on the card):								
Cardholders Signature:								
Description of Pet #1:								
Name:								
Birth Date:								
Sex (mark one): \square Female \square Spayed Female \square Male \square Neutered Male								
Breed:								
Medical History (Don't forget to mention any medications your pet may be currently taking):								

Description of Pet	#2:							
Name:								
Birth Date:								
Sex (mark one):		Female		Spayed Femal	e 🗆	Male		Neutered Male
Breed:								
Medical History (De	on't fo	orget to me	entior	n any medicatio	ns you	r pet ma	y be o	currently taking)
Description of Pet	#3:							
Name:								
Birth Date:								
Sex (mark one):		Female		Spayed Femal	e □	Male		Neutered Male
Breed:								
Medical History (De	on't fo	orget to me	entior	n any medicatio	ns you	r pet ma	y be o	currently taking)