

## ABSENT OWNER FORM

To be filled out by the owner and used in case their cat(s) need emergency care at Cat Clinic of Fernandina, while the cat(s) are in the care of another person.

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

Address \_\_\_\_\_

Veterinarian \_\_\_\_\_

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

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

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

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

Staying at my residence? Yes  No

If no, address: \_\_\_\_\_

**Please check one of the following statements:**

- The agent stated above is responsible for my cat(s) while I am away and will be able to make **ALL** decisions regarding veterinary care.
- The agent stated above is responsible for my cat(s) while I am away. For decisions regarding veterinary care, I wish to be contacted. If I am not available, I appoint the following person to act on my behalf: (Name) \_\_\_\_\_ (Number) \_\_\_\_\_

### **FINANCES:**

I authorize the use of my card number to be used only while I am away (see above dates), by the Cat Clinic of Fernandina to pay for any medical expenses that my cat(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.

I authorize a maximum of \$\_\_\_\_\_ to be used towards my pet(s) care, at the Cat Clinic of Fernandina.

Visa or MasterCard # \_\_\_\_\_ Exp. \_\_\_\_\_

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

Cardholders signature \_\_\_\_\_