

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 _____