

**Pueblo West Veterinary Clinic**  
**ABSENT OWNER FORM**

To be filled out by the owner and used in case their pet(s) needs emergency care at Pueblo West Veterinary Clinic, while the pet(s) are in the care of another person. Fax: 719-547-3375

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

Address \_\_\_\_\_

Family Veterinarian \_\_\_\_\_

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

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

**Person(s) taking care of pet during my absence:**

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

Staying at my residence? Yes \_\_\_ No \_\_\_ If no, 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 am not available, I appoint Name \_\_\_\_\_ at Phone No. \_\_\_\_\_ to act on my behalf.

**FINANCES:**

I authorize the use of my card number to be used only while I am away (see the dates above ), by the Pueblo West Veterinary Clinic to pay for any medical expenses that my pet(s), listed on page 2, 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 pets care, at the Pueblo West Veterinary Clinic.

Visa or MasterCard Number \_\_\_\_\_ exp \_\_\_\_\_

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

Cardholders Signature \_\_\_\_\_

**Description of pet:**

Name \_\_\_\_\_, Birth date \_\_\_\_\_

Sex: Female Spayed female Male Neutered male Unknown

Species (eg. cat, dog) \_\_\_\_\_ Breed \_\_\_\_\_

Vaccination History \_\_\_\_\_ Blood Type \_\_\_\_\_

Medical History *(Don't forget to mention any medications your pet may be currently taking)*

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