

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*)

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*)

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*)
