



Absent Owner Form

To be filled out by the owner and used in case their pet(s) needs emergency care at Amigo Animal Hospital, while the pet(s) are in the care of another person.

Owner Name _____ Phone # _____

Address _____

Departure Date _____ Returning Date _____

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

Name _____ Phone # _____

Staying at my residence? Yes No If no, please provide address:

Finances:

I authorize the use of my card number to be used only while I am away by Amigo Animal Hospital to pay for any medical expenses that my pet(s), listed on the second page, 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 amount of \$ _____ to be used towards my pet(s) care at Amigo Animal Hospital.

Credit Card Number _____ Exp. Date _____

Name (as it appears on card) _____

Cardholder's signature _____

Pets

Pet #1

Name: _____ Medications: _____

FOR OFFICE USE ONLY

Current on Exam Yes__ No__

Current on Vaccines Yes__ No__

If not, what vaccines are due: _____

Pet #2

Name: _____ Medications: _____

FOR OFFICE USE ONLY

Current on Exam Yes__ No__

Current on Vaccines Yes__ No__

If not, what vaccines are due: _____

Pet #3

Name: _____ Medications: _____

FOR OFFICE USE ONLY

Current on Exam Yes__ No__

Current on Vaccines Yes__ No__

If not, what vaccines are due: _____