

MEDICAL CARE & TREATMENT CONSENT FORM WHILE WE ARE AWAY v.3

Departure Date:	Return Date:
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Owner Name(s)	
Phone Number(s) & Email	
Pet Name(s)	

The information and instructions on this form are valid for only the period of time I am away.

Name of Person I authorize to make decisions for my pet(s)	
Phone Number(s) Email	
Additional Name of Person I authorize to make decisions for my pet(s)	
Phone Number(s) Email	

Please check one of the following statements:

The agent above is responsible for my pet(s) while I'm away and is authorized **make all decisions**.

The agent above is responsible for my pet(s) while I'm away. For decisions regarding veterinary care, **I wish to be contacted first**. If I cannot be reached, I authorize the above agent to **make all decisions**

I authorize the use of my credit card only while I am away to pay for any medical care and medication my pet(s) need. I am aware my credit card info will be kept on file and will be stored in a secure manner.

I understand if my patient requires overnight and/or weekend critical care or emergency care, I authorize Fremont Veterinary Clinic to transfer my pet to the Emergency Clinic listed below. I accept financial responsibility for any fees to transfer my pet and hospitalize my pet at this emergency clinic.

Owner Initials []

Preferred Emergency Clinic: _____

Please check one of the following statements:

I authorize any amount necessary for the treatment of my pet at Fremont Veterinary Clinic.

I authorize a maximum amount of \$ _____ for medical care at Fremont Vet Clinic.

Owner Signature

Date

Office use only

Credit card info secured.

CCR initials