**MEDICAL CARE & TREAMENT CONSENT FORM WHILE WE ARE AWAY v.1**

|  |  |
| --- | --- |
| Departure Date: | Return Date: |

|  |  |
| --- | --- |
| 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 PersonI authorize to make decisions for my pet(s) |  |
| Phone Number(s)Email  |  |
| Additional Name of PersonI 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 pet requires overnight and/or weekend critical care or emergency care, I authorize Arden Animal Hospital 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 Arden Animal Hospital.

[ ] I authorize a maximum amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_ for medical care at Arden Animal Hospital.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Signature Date

Arden Animal Hospital Office use only

[ ] Credit card info secured [ ] CSR initials