AGENT/CREDIT CARD AUTHORIZATION

To be filled out by the owner in case their pet(s) needs emergency care at AECFV/BBVSH, while the pet(s) are in the care of another) person.
Fax: 604-514-1712

Owner Name_____

Phone #_____ Cell #_____

Address_____ City_____ Postal Code_____

Family Veterinarian_____

Departure Date_____ Returning_____

Contact Phone Number while you are away_____

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

Name_____ Phone #_____
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

_____ at _____
Name   Phone
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 Animal Emergency Clinic Of The Fraser Valley and or Boundary Bay Veterinary Specialty Hospital 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 Animal Emergency Clinic Of The Fraser Valley and or Boundary Bay Veterinary Specialty Hospital.

Visa or MasterCard Number_____ Exp _____Security Code _____

Name (as it appears on the card)_____

Cardholders Signature_____

Please indicate when you would like us to shred this form: ☐   when credit card expires

                                                                    ☐   after trip is completed

Description of Pet:

Name_____ Birth Date_____

Sex: (circle one)   Male/Female   Neutered/Spayed   Color: _____

Species (eg. cat, dog)_____   Breed_____

Vaccination History_____

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

Description of Pet:

Name_____ Birth Date_____

Sex: (circle one)   Male/Female   Neutered/Spayed   Color: _____

Species (eg. cat, dog)_____   Breed_____

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

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