



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)

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