



# ABSENT OWNER

## AGENT/CREDIT CARD AUTHORIZATION

**To be filled out by the owner in the event their pet(s) needs emergency care at AECFV, 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 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.

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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