



## ABSENT OWNER CONSENT FORM

Client Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Contact Phone Number(s) while you are away: (\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

Person(s) taking care of pet during absence:

Contact Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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 cannot be reached, I appoint the following person to act on my behalf:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### FINANCES:

I authorize the use of my card number to be used only while I am away (see the dates above), by the above stated veterinary hospital to pay for any medical expenses that my pet(s), 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.

Please check one of the following:

Initials \_\_\_\_\_

Petnarian Group of Pet Hospitals • Animal Hospital of Stone Park • Oak Brook Pet Hospital •

Fax: 708-345-2167 • [www.petnarian.com](http://www.petnarian.com)

Email: • [stonepark@petnarian.com](mailto:stonepark@petnarian.com)

Email: • [oakbrook@petnarian.com](mailto:oakbrook@petnarian.com)

### CREDIT CARD INFORMATION

I authorize any amount necessary for the treatment of my pet at stated hospital.

I authorize a maximum of \$ \_\_\_\_\_ to be used towards my pets' care at stated hospital.

VISA/MC/DISC/CARECREDIT \_\_\_\_\_

Named Cardholder: \_\_\_\_\_ Exp: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Billing Zip code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Pet Health History (Pet #1) Name of Pet: \_\_\_\_\_  Dog  Cat  Other (Specify): \_\_\_\_\_

\_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male  Neutered  Female  Spayed

Pet's Temperament:  Average  Affectionate  Caution  Will Bite  Fearful  Escape Artist

Pet's Favorite Toy: \_\_\_\_\_ Pet's Favorite Treat: \_\_\_\_\_

Has your pet had any allergies to food, vaccinations, or medication? \_\_\_\_\_

**Vaccination | Medical History:** \_\_\_\_\_

Pet Health History (Pet #2)

Name of Pet: \_\_\_\_\_  Dog  Cat  Other (Specify): \_\_\_\_\_ Breed: \_\_\_\_\_

\_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male  Neutered  Female  Spayed

Pet's Temperament:  Average  Affectionate  Caution  Will Bite  Fearful  Escape Artist

Pet's Favorite Toy: \_\_\_\_\_ Pet's Favorite Treat: \_\_\_\_\_

Has your pet had any allergies to food, vaccinations, or medication? \_\_\_\_\_

**Vaccination | Medical History:** \_\_\_\_\_

Pet Health History (Pet #3)

Name of Pet: \_\_\_\_\_  Dog  Cat  Other (Specify): \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male  Neutered  Female  Spayed

Pet's Temperament:  Average  Affectionate  Caution  Will Bite  Fearful  Escape Artist

Pet's Favorite Toy: \_\_\_\_\_ Pet's Favorite Treat: \_\_\_\_\_

Has your pet had any allergies to food, vaccinations, or medication? \_\_\_\_\_

Vaccination | Medical History: \_\_\_\_\_

Pet Health History (Pet #4)

Name of Pet: \_\_\_\_\_  Dog  Cat  Other (Specify): \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male  Neutered  Female

Spayed Pet's Temperament:  Average  Affectionate  Caution  Will Bite  Fearful  Escape Artist

Pet's Favorite Toy: \_\_\_\_\_ Pet's Favorite Treat: \_\_\_\_\_

Has your pet had any allergies to food, vaccinations, or medication? \_\_\_\_\_

Vaccination | Medical History: \_\_\_\_\_

ADDITIONAL COMMENTS|INSTRUCTIONS:

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PETNARIAN Representative:

Subscriber:

Date:

Date:

Petnarian Group of Pet Hospitals • Animal Hospital of Stone Park • Oak Brook Pet Hospital •

Fax: 708-345-2167 • [www.petnarian.com](http://www.petnarian.com)

Email: • [Stone Park Animal Hospital](#)

Email: • [Oak Brook Pet Hospital](#)