



Upper East
Veterinary
Center

ABSENT OWNER FORM

Owner's Name: _____ Phone: _____
Address: _____
Previous Veterinarian: _____
Departure Date: _____ Return Date: _____
Contact info while owner absent: _____

Person taking responsibility/care for the pet during owner's absence:

Date: _____
Name: _____ Phone: _____
Staying at my residence yes: _____ No: _____ (if not, then apply address below)

Please check the following that applies:

____ 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 above is responsible for my pet(s) while I am away. For decisions regarding veterinary care, I wish to be contacted, if am unavailable, I appoint _____
_____ to Act on my behalf.

I authorize the use of my card number to be used only while I am away (see above dates) by Upper East Veterinary Center 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.

I authorize a maximum of \$ _____ to be used towards my pet care, at Upper East Veterinary Center under the care of Dr. Talia Goldberg and/or Dr. Megan Nunemacher

Credit Card Number: _____ Exp Date: _____ CVC: _____
Name (as it appears on card) _____
Cardholder's Signature: _____

Patient Information:

Name: _____ Birth Date: _____
Sex: _____ Species: _____
Vaccination History: _____ Medication: _____
Medical History:
