

PuglianoPaws



Absent Owner Treatment Consent Form

I hereby give **Kim Pugliano of PuglianoPaws** authorization to make decisions on treatment recommendations from attending veterinarians in the care of my pet(s) described below in the event that I cannot be reached in a timely manner during a medical or surgical emergency. This authorization DOES/DOES NOT (circle one) include decisions regarding the humane euthanasia of my named pet(s).

In case my pet(s) need emergency care, they should be seen at:

Owner(s) Name(s):

Phone Number(s):

(_____) _____ (_____) _____

Address:

Departure Date: _____ Return Date: _____

Emergency Contact Phone Number(s) while you are away:

Name: _____

Number: (_____) _____

Name: _____

Number: (_____) _____

Please check one of the following statements:

The agent above is responsible for my pet(s) while I am away and is authorized 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 I cannot be reached, I appoint the following person to act on my behalf:

Name:

Phone Number: (____) _____

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), listed starting on page 3, 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:

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.

Name (As it appears on the card):

Date: _____

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Cardholder's Signature:
