



Owner Absence Instructions

Owner's Name: _____

Owner's Address _____

Owner's Contact Numbers: _____

Animal Name _____ Species: _____

Age: _____ Sex: _____ Spay/Neuter _____

Color: _____ Breed: _____

As the owner of the above animal, I give permission to _____
to bring my animal to All Pets Hospital for treatment and/or non-elective surgery if indicated during my
absence (dates listed below) up to the amount of \$_____.

In the event of a terminal illness or at the discretion and concurrence of both the doctor and the responsible
party named above, I also give permission for euthanasia and disposal.

I will be responsible for any charges incurred:

_____ I have left a check with the above designated responsible party to cover any incurred charges.

_____ Please charge my credit card up to the amount stated above:

Name as it appears on the card: _____

Card Type (Visa/Mastercard/Discover) _____

Account Number: _____

Expiration Date: _____

This permission form is to remain valid from _____ to _____ inclusive.

Special instructions or requests:

Signature

Date

This form may be left at reception/mailed to the address stated below or fax to 415-431-0309.