

DeSoto Animal Clinic

Veterinary Medicine
& Surgery

Absent Owner Treatment Consent Form

Owner Name: _____

Phone Number: _____

Address: _____

Departure Date _____ Return Date _____

Contact Phone Number(s) while you are away:

(____) _____

(____) _____

Person(s) taking care of pet during absence:

Name _____

Phone # _____

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 # _____

Description of pet(s):

Name(s) _____

Medical History, medications, notes, etc:

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