

# 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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