

BIRD & PET CLINIC OF ROSEVILLE

3985 Foothills Blvd.; Roseville, Calif. 95747
phone: (916) 773-6049; fax: (916) 773-9278

ABSENT OWNER FORM

To be filled out by the owner and used in case their pet(s) needs emergency care at Bird and Pet Clinic or Roseville, while the pet(s) are in the care of another person.

Owner Name _____ Home Ph. # _____

Address _____

Departure Date _____ Returning Date _____

Contact Phone Number while you are away: _____

Person(s) taking care of pet during my absence:

Name _____ Phone # _____

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 for my pet.

The agent stated above is responsible for my pet(s) while I am away. However, for decisions regarding veterinary care, I wish to be contacted. If I am not available, I appoint:

Name _____ to act on my behalf

Phone # _____.

FINANCES:

I authorize the use of my card number to be used only while I am away (see the dates above), by the Bird and Pet Clinic of Roseville to pay for any medical expenses that my pet(s), listed on page 2, 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 pets care, at the Bird and Pet Clinic of Roseville.

Visa or MasterCard Number _____ exp _____

Name (as it appears on the card) _____

Cardholders Signature _____

Description of pet:

Name _____ Birth date _____

Species _____ Breed _____ Sex _____

Medical History *(Don't forget to mention any medications your pet may be currently taking)*

Description of pet:

Name _____ Birth date _____

Species _____ Breed _____ Sex _____

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Description of pet:

Name _____ Birth date _____

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