



Stevens Point Animal Hospital
1305 Wildwood Dr.
Stevens Point, WI 54482
(715)341-6409

Absent Owner Form

Owners Name:

Chart #:

Emergency contact phone number for owner:

Name of pet(s) that this applies to:

Person responsible for making medical decision for my pet(s):

Contact phone number for person making medical decisions for my pet(s):

Date(s) effective:

- Please do not perform any procedures, give any medication etc. unless I am contacted
- Please do all that is medically necessary for my pet regardless of cost
- Please do all that is medically necessary for my pet up to \$_____
- Do not perform life saving measures

Special Instructions: _____

In signing this form, I am authorizing the above person to be responsible for making medical decisions for my pet(s). I also agree to be responsible for charges that are acquired while above person is caring for my pet(s).

In signing this form, I authorize the use of my credit card (see below) during the date(s) effective (see above) by the Stevens Point Animal Hospital for use in the care of my pet. I am aware that my credit card number will be kept on file but will be stored in a private and confidential manner.

Signed Date Employee Initials

Credit Card # (Visa/MC/Discover): _____ Exp: _____

Name as appears on card: _____ Security Code: _____