



15 Seymour Lane
Westmoreland, NY 13490
(315) 853-2408
Fax: 315 853-2409

ABSENT OWNER FORM

To be filled out by the owner and used in case their pet(s) needs emergency care at CNY Veterinary Medical Services, while the pet(s) are in the care of another person.

Owner Name _____ Phone # _____

Address _____

Family Veterinarian _____

Departure Date _____ Returning _____

Contact Phone Number while you are away: (____) _____

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

Name _____ Phone # _____

Staying at my residence? Yes () No () If no, 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 am not available, I appoint Name _____ at Phone No. _____ to act on my behalf.

FINANCES:

I authorize the use of my credit card number to be used only while I am away (see the dates above), by CNY Veterinary Medical Services 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 CNY Veterinary Medical Services.

Visa or MasterCard Number _____ exp _____

Security Code on back of Card _____

Name (as it appears on the card) _____

Cardholders Signature _____

Description of pet:

Name _____, Birth date _____

Sex: Female Spayed female Male Neutered male Unknown

Species (eg. cat, dog) _____ Breed _____

Vaccination History _____

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

Description of pet:

Name _____, Birth date _____

Sex: Female Spayed female Male Neutered male Unknown

Species (eg. cat, dog) _____ Breed _____

Vaccination History _____

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

Description of pet:

Name _____, Birth date _____

Sex: Female Spayed female Male Neutered male Unknown

Species (eg. cat, dog) _____ Breed _____

Vaccination History _____

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

Owner