



Hanford Veterinary Hospital

Owner Absentee Authorization Form

Owner's Last Name _____ Owner's First Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell Phone # _____ Alt# _____

Pet's Name (s)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

Additional: _____

We will honor the most current form on file for the period stated or for one (1) year from the signature date.

The agent presenting the pet (s) described must present this form to the staff at Hanford Veterinary Hospital upon admission, or a completed form must be in your pet's medical record.

I, _____ the owner, verify and list below individual (s) who may present my pet (s) in my absence.

Agents:

1. _____ Phone #'s _____

2. _____ Phone #'s _____

The above named individuals may admit my pet (s) to Hanford Veterinary Hospital, on my behalf, for any necessary examination, diagnostic treatment, hospitalization, surgery, including euthanasia. **Please check and complete option A, B, or C, and obtain required signature(s).**

A. Credit Card with Agent:

Initial _____ I understand I am responsible for payment of all expenses incurred. I acknowledge that a deposit of 75% of the estimated fee is required prior to any medical, surgical, or emergency care being provided. Payment will be made by credit card, please check one:
 Visa MasterCard

It will be the owner's responsibility to make sure the agent (s) responsible for my pet (s) has the credit card number or the card itself

B. Credit Card on File with Hanford Veterinary Clinic:

Initial _____ I understand I am responsible for payment of all expenses incurred. I acknowledge that a deposit of 75% of the estimated fee is required prior to any medical, surgical, or emergency care being provided. Payment will be made by credit card, please check one:
 Visa MasterCard

C. Agent Responsible:

Initial _____ I the owner of the above described pet(s), has made prior arrangements as follows: the agent admitting the pet(s) described above will be responsible for payment of all expenses upon admission and release of my pet(s) from Hanford Veterinary Hospital. I acknowledge that a deposit of 75% of the estimated fee is required prior any medical, surgical, or emergency care being provided.

Agent Signature _____ **Date** _____

I, the owner, attest that all the above stated information is correct and accurate. I hereby authorize the veterinarians and staff at Hanford Veterinary Hospital to examine, prescribe for, and/or treat the above described pet(s) as deemed necessary. I understand that there will be an attempt made to contact me, but in the event I can't be reached, I give Hanford Veterinary Hospital permission to treat my pet, and I understand that I will be responsible for any charges resulting from that treatment(s). I understand that no personal is on staff 24 hours per day at Hanford Veterinary Hospital, but if my pet requires 24 hour care he/she may be taken to Tulare Kings Veterinary Emergency Veterinary Service by transport of the owner's agent. Any costs incurred at any other facility will be the sole responsibility of the pet owner and agent.

Owner Signature – Required _____ **Date** _____