



# BIRD & PET CLINIC OF ROSEVILLE

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

## Absent Owner Form

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

Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Contact phone number while you are away: \_\_\_\_\_

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

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please check one of the following statements:

- decisions regarding veterinary care for my pet.
- The agent stated above is responsible for my pet(s) while I am away. However for decision 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 while I am away (see the dates above) by the Bird & Pet Clinic of Roseville to pay for any medical expenses that my pet(s), listed on page two may require. I am aware that the credit card number will not be on file and will need to be provided at the time of services rendered.

I authorize a maximum of \$ \_\_\_\_\_ to be approved towards my pets care, at the Bird & Pet Clinic of Roseville.

Responsible for payment \_\_\_\_\_

Client Signature and Date \_\_\_\_\_

**Description of pet:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Medical History/ Any current medications:

---

---

---

**Description of pet:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Medical History/ Any current medications:

---

---

---

**Description of pet:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Medical History/ Any current medications:

---

---

---