

Absent Owner Treatment Consent Form

To be filled out by the owner and used in case their pet(s) needs emergency care at:

Greene, Lewis & Associates, Inc. Veterinary Clinic

Owner Name: _____

Phone Number: _____

Address: _____

Departure Date _____ Return Date _____

Contact Phone Number(s) while you are away:

(____) _____

(____) _____

Person(s) taking care of pet during absence:

Name _____

Phone # _____

_____ The agent above is responsible for my pet(s) while I am away and will be able to make all decisions regarding veterinary care.

Owner Signature : _____

Date: _____