



Dawson Creek Veterinary Clinic

238-116 Avenue, Dawson Creek BC, V1G 3C8
Small Animal 250-782-5616, Large Animal 250-782-1080
www.dcvet.ca

Absent Owner Form

To be filled out by the owner and used in case their animal(s) needs emergency care at the Dawson Creek Veterinary Clinic, while the animal(s) are in the care of another person. Fax: 250-782-2426

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.

We may take photos of your animal during their stay with us. Do we have your permission to use these photos for clinic advertising purposes? **Yes** _____ **No** _____

Finances:

I authorize the use of my card number to be used only while I am away (see the dates above), by the Dawson Creek Veterinary Clinic to pay for any medical expenses that my animal(s), listed on page 2, may require. I authorize a maximum of \$ _____ to be used towards my pets care, at the Dawson Creek Veterinary Clinic.

I am aware that my credit card number will be kept safe and confidential on my computer file _____ (initial)

Visa or MasterCard Number **TO BE PUT ONLY ON THE COMPUTER FILE** **Exp.** **ON FILE** **CV** **ON FILE**

Name (as it appears on the card) _____

Cardholders Signature _____

Description of animal:

Name _____, Birth date _____

Sex: Female Spayed female Male Neutered male Unknown

Species (e.g. cat, dog, horse) _____

Breed _____

Vaccination History _____

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

Description of animal:

Name _____, Birth date _____

Sex: Female Spayed female Male Neutered male Unknown

Species (e.g. cat, dog, horse) _____

Breed _____

Vaccination History _____

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

Description of animal:

Name _____, Birth date _____

Sex: Female Spayed female Male Neutered male Unknown

Species (e.g. cat, dog, horse) _____

Breed _____

Vaccination History _____

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