SAN CLEMENTE VETERINARY HOSPITAL
1833 S. El Camino Real San Clemente, CA 92672
(949) 492-5777

# ABSENTEE OWNER/VACATION CONSENT TO TREATMENT

**CLIENT INFORMATION**

Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone Number (to be reached at throughout absence): _____

Backup Phone Number: _____

Email: _____

Start and End Dates of Absence (Month/Day/Year - Month/Day/Year): _____

**PET INFORMATION**:

**Name:** _____

Species and Breed: _____

Age: _____ Color: _____

**Name:** _____

Species and Breed: _____

Age: _____ Color: _____

**Name:** _____

Species and Breed: _____

Age: _____ Color: _____

**Name:** _____

Species and Breed: _____

Age: _____ Color: _____

**PET OWNER:** Pint and sign this form. Provide information about medications and health concerns for each pet on a second sheet of paper. Give copies of each to your pet's Acting Agent. Keep a copy for your records.

**ACTING AGENT:**

Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone Number (to be reached at throughout absence): _____

Backup Phone Number: _____

Email: _____

I, the owner, do give my permission to the doctors at San Clemente Veterinary Hospital to perform services on the named animals in my absence if my Acting Agent should contact San Clemente Veterinary Hospital for veterinary care.

If the emergency is severe, the veterinarians at San Clemente Veterinary Hospital in conjunction with the listed Acting Agent may use their best judgement in determining if my pet(s) can be saved within a reasonable medical probability and financial practicality with a cost cap listed below.

Cost Cap per Animal: _____

By signing this document, I agree to assume all financial responsibility for these services and consent to leaving my credit card information with the Acting Agent. I understand that payments for my pet(s) veterinary services are due at the time of service and any charges paid by the Acting Agent with their own personal credit card will be reimbursed to the Acting Agent's card. If our veterinarians determine that my pet cannot be saved due to the severity of the condition and/or financial constraints, I hereby authorize them to euthanize my pet for humane reasons.

Owner Signature: _____

Date of Signature: _____