

**THE ANIMAL HOSPITAL  
ABSENT CLIENT PERMISSION FORM**

**Client Name** \_\_\_\_\_ **Folder #** \_\_\_\_\_

**Pet Name(s)** \_\_\_\_\_

**Emergency Phone** \_\_\_\_\_

(This should be a number where you will be staying during your absence.)

**I hereby authorize** \_\_\_\_\_ **to act on my behalf during my absence to fill out necessary admission forms for my pet while it is boarding at The Animal Hospital. I also authorize this designated individual to seek any treatment or veterinary care deemed necessary for my pet(s) at The Animal Hospital of Carrboro, Inc. during my absence.**

**I request that the Animal Hospital make every effort to contact me with the estimated costs for services, but if I cannot be reached, I authorize the staff veterinarians to provide any necessary medical treatments. Should a medical emergency arise, I understand my pet will be treated and I will be contacted as soon as possible.**

**I assume financial responsibility for all charges incurred for the above pet(s) and will secure his/her treatment with the following:**

MC     Visa     AmEx     Discover     CareCredit

**Credit Card #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**If my absence is longer than 30 days, my credit card will be charged every two weeks for all fees accrued.**

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_