

**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** _____