

**Kingston Road Animal Hospital  
ABSENT OWNER FORM**

To be filled out by the owner and used in case their pet(s) needs emergency care at KRAH, while the pet(s) are in the care of another person. Fax: 416-690-8938

Owner Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Departure Date: \_\_\_\_\_

Returning Date: \_\_\_\_\_

**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 N

Name \_\_\_\_\_ at Phone No.  
\_\_\_\_\_ to act on my behalf.

**FINANCES:**

I authorize the use of my card number to be used only while I am away (see the dates above), by Kingston Road Animal Hospital to pay for any medical expenses that my pet may require. I am aware that my credit card number will be kept on file but will be stored in a private and confidential manner.

I authorize a maximum of \$\_\_\_\_\_ to be used towards my pet, at the Kingston Road animal Hospital.

Visa or MasterCard Number \_\_\_\_\_

Exp. Date\_\_\_\_\_

Name (as it appears on the card)

\_\_\_\_\_

Cardholders Signature

\_\_\_\_\_

**Description of pet:**

Name: \_\_\_\_\_

Birth date or Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Species: Feline / Canine / Pocket Pet / Avian / Other

Breed: \_\_\_\_\_

Vaccination History: (What has been given, where and when)

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_