

Alpine Animal Hospital

Vacation/In Absentia Instructions

Name: _____

Address: _____

Phone: _____

Owner's Emergency Phone #: _____

Inclusive Dates of Absence: _____ **to** _____

In my absence I fully authorize: _____

to care for the following animal(s): _____

I request that, should the need arise in my absence, my pets are to be presented to Alpine Animal Hospital for medical and surgical care. By my initials below I authorize the following:

_____ in case of emergency stabilize my pet(s) until my return and try to contact me for medical and surgical decisions.

_____ I entrust all medical and surgical decisions to the above named care giver.

_____ I entrust all medical and surgical decisions to the doctors at Alpine Animal Hospital.

_____ I entrust all medical and surgical decisions to the doctors at Alpine Animal Hospital and request night and weekend care be provided by an emergency/critical care center if it is deemed prudent.

_____ I give permission for the doctors at Alpine Animal Hospital to humanely euthanize my pet(s) if they recommend to do so.

_____ I authorize such care not to exceed \$ _____ per pet and/or \$ _____ total.

_____ I agree to take full financial responsibility for all costs incurred and authorize Alpine Animal Hospital to debit my Visa/Mastercard account for such costs.

Card No.: _____ exp.: _____ Vcode: _____

Signature of Pet Owner _____ Date _____