

Pet Palace Resort & Spa
Absent Owner Treatment Consent Form

To be filled out by the owner and used in case their pet(s) needs emergency care while staying at Pet Palace Resort & Spa.

Owner Name _____ Phone # _____

Address _____ City _____ ST _____ Zip _____

Contact Phone Number(s) while you are away

() _____ () _____

Please check one of the following statements:

- () Pet Palace Resort & Spa is responsible for my pet(s) while I am away and will be able to make all decisions regarding veterinary care.
- () Pet Palace Resort & Spa is responsible for my pet(s) while I am away. For decisions regarding veterinary care, I wish to be contacted. If I cannot be reached, I appoint the following person to act on my behalf.

Name _____

Phone # _____

Finances

() I authorize any amount necessary for the treatment of my pet

() I authorize a maximum of \$ _____ to be used towards my pets' care.

Owner Signature _____ Date _____