



Absent Owner Treatment Consent Form

To be billed out by the Owner and used in case their pet(s) need(s) emergency care while staying at Pet Palace Resort & Spa II.

Owner Name _____

Phone # _____

Address _____

City _____ State _____ Zip _____

Contact Phone Number(s) while you are away:

(_____) _____, (_____) _____

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

(_____) Pet Palace Resort & Spa II is responsible for my pet(s) while I am away and will be able to make ALL DECISIONS regarding veterinary care OR

(_____) Pet Palace Resort & Spa II 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(s) OR

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

Credit Card # _____ Expiration Date _____ CCV _____

Name on Card _____

Owner Signature: _____