

Owner Absentee Authorization Form

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home phone: _____

Cell phone: _____

Other phone (family member, hotel, etc.): _____

Animal Name(s): _____

I, the undersigned owner, verify that (list individuals who may present your pet during your absence)

_____ may admit/authorize treatment of my animal(s) at Bellevue Animal Hospital PC, **including euthanasia if deemed necessary**, on the following dates:

from _____ to _____.

Please check **one** of the following options and complete all required information:

CLIENT CREDIT CARD:

_____ I understand I am responsible for payment of all expenses incurred if my pet requires medical care during my absence. My credit card information is as follows:

- Visa
- MasterCard
- Discover
- American Express
- Care Credit
- CitiHealth Card

Credit Card Number: _____ Exp Date _____ CVC _____

***If credit card number is not supplied now, it will be the owner's responsibility to make sure the authorized individual listed above has the valid credit card information, or a phone number at which we may contact the owner to get the credit card information at time of service.**

OR

CAREGIVER RESPONSIBLE:

_____ I, the owner of the above-named animal(s), have made prior arrangements as follows: the caregiver that is responsible during my absence for the animal(s) named above will make payment at the time services are provided by Bellevue Animal Hospital PC for all charges incurred.

Caregiver Signature _____ Date ____ \ ____ \ ____

***** OWNER SIGNATURE-REQUIRED *****

I attest that all information provided in this document is complete and accurate.

Owner's Signature _____ Date ____ \ ____ \ ____

Please return this document either via US mail to:

**Bellevue Animal Hospital
10410 S. 25th St.
Bellevue, NE 68123
(402) 291-1255**

or via email to: bellevueanimal@gmail.com

You may also present this document to any Client Services Representative at our front desk!