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## ABSENT OWNER FORM

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***\*To be filled out by the owner and used in case their pet(s) needs emergency care at Orchard View Veterinary Clinic, while the pet(s) are in the care of another person.***

Owner/Caregiver:

Mrs. \_\_\_\_ Mr. \_\_\_\_ Ms. \_\_\_\_ Dr. \_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License or I. D. Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Usual Family Veterinarian: \_\_\_\_\_

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

Contact Phone Number while you are away: \_\_\_\_\_

Person(s) taking care of pet during my absence:

Mrs. \_\_\_\_ Mr. \_\_\_\_ Ms. \_\_\_\_ Dr. \_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

***\*Please note: Your privacy is important to us. All information received in all forms and through other communications is subject to our Patient Privacy Policy.***

Pet is/are 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: Name: \_\_\_\_\_  
at Phone: \_\_\_\_\_ to act on my behalf.

### PET INFORMATION

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Male  Female  Microchip number: \_\_\_\_\_

Species (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed/neutered? Yes  No

Does your pet have allergies? Yes  No  What kind of allergies? \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? Yes  No

If yes, what? \_\_\_\_\_

List any major illnesses and/or surgeries your pet has had: \_\_\_\_\_

List any foods and treats you give your pet and how often: \_\_\_\_\_

How much food do you feed your pet daily? \_\_\_\_\_

### Additional Pets:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Male  Female  Microchip number: \_\_\_\_\_

Species (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed/neutered? Yes  No

Does your pet have allergies? Yes  No  What kind of allergies? \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? Yes  No

If yes, what? \_\_\_\_\_

List any major illnesses and/or surgeries your pet has had: \_\_\_\_\_

List any foods and treats you give your pet and how often: \_\_\_\_\_

How much food do you feed your pet daily? \_\_\_\_\_

## STATEMENT OF OWNERSHIP

*I certify that I am the true owner and/or agent of the above animal(s), and have the authorization to consent to treatment if and when it is needed.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCES

I authorize the use of my card number to be used only while I am away (see the dates above), by Orchard View Veterinary Clinic to pay for any medical expenses that my pet(s), listed above, 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 pets care, at Orchard View Veterinary Clinic.

Please circle method of payment: Debit/Credit card, Check, Cash, Care Credit

Please circle which card:

Visa/MasterCard/Discover/AmericanExpress/Care Credit Number: \_\_\_\_\_

ExpDate: \_\_\_\_\_

Security Code on Back of Card: \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_