



**Arch Beach Veterinary Clinic**

2900 South Coast Hwy, Laguna Beach CA 92651

P: (949) 494-6583

F: (949) 497-8982

**Absent Owner Consent Form**

Owner Name: \_\_\_\_\_

Patient Name(s): \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Contact Phone Number(s) while away: \_\_\_\_\_

Person taking care of pets: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please check one of the following statements:

The agent above will be able to make all decisions regarding veterinary care.

I wish to be contacted for decisions regarding veterinary care. If I cannot be reached, I appoint the following person to act on my behalf:

Name: \_\_\_\_\_

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

I understand that I am financially responsible for all services rendered by the doctors and staff of Arch Beach Veterinary Clinic and that payment is due at times of services rendered.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

I authorize the use of my credit card number to be used only while I am away by Arch Beach Veterinary Clinic to pay for any medical expenses that my pet(s) 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, and destroyed upon my return date. I authorize the maximum of \$ \_\_\_\_\_ to be used towards my pets' care at Arch Beach Veterinary Clinic.

Visa     Mastercard     Discover     American Express     Care Credit

Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

CVC Code: \_\_\_\_\_ Name as it appears on the card: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_