



# Owner Absentee Medical Consent Form

*A Pet Medical Consent Form will be kept on file for one year. Northwest Pet Clinic cannot treat a pet when an owner is not present without expressed written consent given to a pet caregiver.*

Owner's Name (Last, First): \_\_\_\_\_ Client ID: \_\_\_\_\_  
 Co-Owner's Name (Last, First): \_\_\_\_\_ Client ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Pet's Name(s): _____	Breed: _____	Sex: _____	Age: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*For Northwest Pet Clinic to provide medical care in your absence, this form must be presented to a member of the staff upon admission or a completed form must be on file in your pet's medical record.*

I, \_\_\_\_\_, am the legal owner of the pet(s) listed above and give permission for the following individuals to admit my pet for medical services (including euthanasia) at Northwest Pet Clinic.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please choose one of the following payment options:

Credit Card With Permitted Individual

\_\_\_\_\_ (Please Initial) I understand; I am responsible for payment of all expenses incurred. I acknowledge that a deposit of 60% of the estimated fees is required prior to any medical, surgical, or emergency care being provided. If payment will be made by credit card, please select which type and the name listed on the card:

Visa \_\_\_\_\_

Mastercard \_\_\_\_\_

American Express \_\_\_\_\_

Discover \_\_\_\_\_

Care Credit \_\_\_\_\_

*\*It will be the owner's responsibility to make sure the permitted individual(s) responsible for their pet(s) has the credit card information.*

\_\_\_\_\_ (Please Initial) I, the owner of the pet(s) listed above, have made prior arrangements with the permitted individuals. The individual who admits my pet(s) will be responsible for payment of all expenses upon discharge of my pet(s). I acknowledge that a deposit of 60% of the estimated fee is required prior to any medical, surgical, or emergency care being provided.

Permitted Individual Signature: 1. \_\_\_\_\_ Date: \_\_\_\_\_  
 2. \_\_\_\_\_ Date: \_\_\_\_\_  
 3. \_\_\_\_\_ Date: \_\_\_\_\_

## Owner Signature Required:

I, the owner, attest that all the above stated information is correct and accurate.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_