



**Pine Ridge Veterinary Professional Corporation**  
 483 Ontario St., Cobourg, Ontario, K9A 3C1  
 905-372-2721 [prvet@eagle.ca](mailto:prvet@eagle.ca) [www.pineridgevet.com](http://www.pineridgevet.com)

**ABSENT OWNER FORM**

Owner name: \_\_\_\_\_ Phone : \_\_\_\_\_

Description of pet(s): \_\_\_\_\_

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

Departure date: \_\_\_\_\_ Returning: \_\_\_\_\_

My contact number while I am away: \_\_\_\_\_

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

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

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 the following person to act on my behalf.

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

I consent and authorize **Pine Ridge Veterinary Professional Corporation**, staff and veterinarians to do any and all diagnostic tests, treatments, and surgeries necessary for the care of my pet, but not to exceed \$ \_\_\_\_\_ EVEN if the situation becomes life threatening. I accept all risks and responsibility for refusing any treatments that exceed the above amount, including death. If my pet is suffering, and I have declined intervention, I authorize the Pine Ridge Veterinary Professional Corporation to euthanize (put to sleep) my pet.

I understand that with any medical procedure there are risks involved and I accept these risks. I further understand that no guarantee of successful treatment has been made. I assume full financial responsibility for all charges related to the treatment of: \_\_\_\_\_

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

**Financial Arrangements:**

Visa or Mastercard number: \_\_\_\_\_ Exp. \_\_\_\_\_

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

Cardholders signature: \_\_\_\_\_

**Description of pet:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex (circle one): Female      spayed female      male      neutered male      unknown

Species (eg. Cat , dog) \_\_\_\_\_ Breed: \_\_\_\_\_

Medical history (*don't forget to mention any medications that your pet may be currently taking*)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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