



### Owner Absence Instructions

Owner's Name: \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
Owner's Contact Numbers: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ : Spay/Neuter  
Color: \_\_\_\_\_ Breed: \_\_\_\_\_

As the owner of the above animal, I give permission to: \_\_\_\_\_  
to bring my animal to Wauconda Animal Hospital for treatment and/or non-elective surgery if indicated  
during my absence (dates listed below) up to the amount of \$ \_\_\_\_\_.

In the event of a terminal illness or at the discretion and concurrence of both the doctor and the  
responsible party named above, I also give permission for euthanasia and disposal.  
My wishes in such case are: communal/private cremation. (Cremains returned)

I will be responsible for any charges incurred:

\_\_\_\_\_ I have left a check with the above designated responsible party to cover any incurred charges.

\_\_\_\_\_ Please charge my credit card up to the amount stated above:

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

Card Type (Visa/MasterCard/Discover/American Express)

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC \_\_\_\_\_ Zip Code \_\_\_\_\_

This permission form is to remain valid from \_\_\_\_\_ to \_\_\_\_\_ inclusive.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form may be left at reception/mailed to the address stated below or fax to 847-526-8059.