

# Sechelt Animal Hospital

#100-5500 Wharf Street  
Sechelt, BC V0N3A0  
Phone: (604) 885-2309  
Email: sah@dccnet.com



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To be filled out by the owner and used in case their pet(s) need care at Sechelt Animal Hospital, while the pet(s) are in the care of another person.

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

**Pets Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

Contact number/email while you are away: \_\_\_\_\_

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

Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Staying at your residence? **Yes**\_\_\_ **No**\_\_\_ If no, please list address below:

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

**Please check one of the following statements:**

\_\_\_ The agent(s) above is responsible for my pet(s) while I am away and will be able to make **all** decisions regarding veterinary care. **\*note: this includes permission to euthanize.**

\_\_\_ The agent 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.

**Finances:**

I authorize the use of my card number to be used only while I am away (see the dates above), by Sechelt Animal Hospital to pay for any medical expenses that my pet(s), listed below, 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 pet(s) care, at the Sechelt Animal Hospital.

Visa or Mastercard #: \_\_\_\_\_ Expiry: \_\_\_\_\_ CVV: \_\_\_\_\_

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

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