



**veterinaryspecialtycenter**tucson



**4909 N La Cañada Tucson AZ 85704 Phone: 520-795-9955 Fax: 520-795-9960**

## **Owner Absentee Authorization Form**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Pet's Name (s) \_\_\_\_\_

We will honor the most current form on file for a period of one (1) year from the signature date.

The agent presenting the pet (s) described above must present this form to the Client Services Representative upon admission, or a completed form must be in your pet's medical record. **Please check and complete option A, or B, and obtain required signature (s).**

I, \_\_\_\_\_ the owner, verify and list below individuals who may present my pet (s) in my absence.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

The above named individuals may admit my pet (s) to Veterinary Specialty Center of Tucson (VSCT), on my behalf, for any necessary or diagnostic treatment, including euthanasia.

### **A. Credit Card with Agent:**

\_\_\_\_\_ I understand I am responsible for payment of all expenses incurred. I acknowledge that a deposit of 60% of the estimated fee is required prior to any medical, surgical or emergency care being provided.

If payment will be made by credit card, please check one:

\_\_\_\_\_ **Visa**      \_\_\_\_\_ **MasterCard**      \_\_\_\_\_ **Discover**      \_\_\_\_\_ **Care Credit**

*\*It will be the owner's responsibility to make sure the agent (s) responsible for my pet (s) has the credit card number.*

### **B. Agent Responsible:**

\_\_\_\_\_ I the owner of the above-described pet (s), has made prior arrangements as follows: the agent admitting the pet (s) described above will be responsible for payment of all expenses upon release of my pet (s) from Specialty Center of Tucson (VSCT). I acknowledge that a deposit of 60% of the estimated fee is required prior to any medical, surgical or emergency care being provided.

Agent signature \_\_\_\_\_ Date \_\_\_\_\_

### **Owner Signature – Required**

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

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

