

Absent Owner Form

PLEASE PRINT CLEARLY

To be filled out by the owner in the event their pet(s) needs emergency care when they are away.
Complete the form and leave with your pet's caregiver and/or drop off at our hospital.

Patient Information

Pet's Name:	Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other
Breed:	Color:
Sex: <input type="checkbox"/> Female Spayed <input type="checkbox"/> Female Intact <input type="checkbox"/> Male Neutered <input type="checkbox"/> Male Intact	
Age or Birthday (mm/dd/yyyy):	
Regular Veterinary Clinic:	

Client Information (Owner)

First Name:	Last Name:
Mobile:	Email:

Person(s) responsible for the pet during Owner's absence

Primary Contact - First Name:	Last Name:
Phone Number:	
Secondary Contact - First Name:	Last Name:
Phone Number:	

The agent(s) above is/are responsible for my pet(s) while I am away and will be able to make all decisions regarding finance and veterinary care. **Initials:** _____

LIFE SUPPORT OPTIONS:

If your pet's heart stops beating, do you want our medical team to perform **CPR** (Cardio-Pulmonary Resuscitation)? **Please note: The cost of 10 minutes of CPR is \$388.*

YES - Please initiate CPR

NO - Do not initiate CPR

FINANCES

APPROXIMATE COST OF IMMEDIATE TREATMENT: The initial treatments required to stabilize your pet's condition vary based on condition and include (but are not limited to):

Emergency Examination	\$195	For emergency assessment
Intravenous Catheter and fluids setup	\$310	Provide fluid/blood pressure support
Oxygen Support	\$146	Maintain oxygen saturation levels
Ultrasound (Point of Care)	\$64	For body cavity emergency assessment
Pack Cell Volume/Total Protein levels	\$95	Check for anemia/blood loss
Blood Glucose	\$43	Check blood sugar levels
Lactate Levels	\$33	Check for signs of shock or sepsis
Respiratory/Blood Gases	\$107	Assess O ₂ /CO ₂ balance & metabolic state
Emergency Medication	\$86-\$172	Assist in initial stabilization / pain relief

Total Approx. **\$1079-\$1165** for initial stabilization

- I agree with the minimum emergency cost of \$1165 (additional \$388 for CPR if selected).
- I authorize \$2,000.00 to \$5,000.00 to be used towards my pet's care at MAH.
- I authorize \$5,000.00 to \$10,000.00 to be used towards my pet's care at MAH.
- I authorize \$10,000.00 to \$15,000.00 to be used towards my pet's care at MAH.

*For all of the above, if any extra treatment is required, Mountainside Animal Hospital will try to contact me via phone first. I understand that if the doctor can't contact me, the agent in care of the pet will make the decisions, including **euthanasia** if necessary.

Owner signature: _____ Date: _____

If the agent in care of your pet doesn't have your credit card information, please write it below or call Mountainside Animal Hospital to provide this information.

Credit Card Number:	
Exp. Date:	Security Code:
Address:	Name on Card:

I authorize the use of my card number only while I am away to pay for any medical expenses that my pet(s) may require. **Initials:** _____