



veterinaryspecialtycentertucson



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 _____

