**Owner on Vacation Form**

Heritage Animal Hospital

10 W. Crum Road

Walkersville, MD 21793

Date:

Owner’s Name:

Patient’s Name:

Emergency Phone Number:

Dates Away From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) Responsible for while you are away. Please list person(s) name and phone number:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Authorizes:

* Any Treatment necessary at the Doctors Discretion
* Treatment only as needed to make pet(s) comfortable
* Treatment will be up to the person(s) listed above taking care of pet(s)

Special Instructions including what to do with your pets remains if he/she would pass while you are away:

As the owner of the above listed patient(s), I hereby acknowledge that I assume financial responsibility for all services provided by Heritage Animal Hospital while I am away.

Signature:

Employee Intials: \_\_\_