

OWNER ABSENTEE AUTHORIZATION FORM



Veterinary Health Center
MANHATTAN, KANSAS
DISCOVER. TEACH. HEAL.

Last Name _____ First _____
Address _____
City _____ State _____ Zip _____
Animal's Name _____ MR # (office use) _____

**Animal must have been seen at VHC within the last 3 years.
We will honor most current form on file.**

The agent presenting the animal(s) described above must present this form to the Veterinary Health Center (VHC) upon admission, or a completed form must be in the medical record. Please check and complete option A, B, or C and obtain required signature(s).

I, the owner, verify (list individuals who may present your animal in your absence) _____

may admit my animal(s) to the VHC for any necessary treatment, including euthanasia.

A) Client credit card with agent or Business Office

_____ I understand I am responsible for payment of all expenses incurred. If payment will be made by credit card, please circle one: Visa Mastercard Discover American Express

***It will be the owner's responsibility to make sure the agent(s) responsible for the animal(s) has the credit card number, or contacts the Business Office at (785) 532-4303 with the credit card number.**

B) Agent responsible

_____ I, the owner of the above described animal, have made prior arrangements as follows: The agent admitting the animal(s) described above will be responsible for payment of all expenses upon the release of the animal(s) from the VHC.

Agent Signature _____ Date _____

C) Established account – Business Office signature required

_____ The VHC Business Office has agreed to add any expenses accrued during my absence to my existing account number which I will pay as previously agreed.

Business Manager Signature _____ Date _____

****Owner Signature – Required**

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

Owner's Signature _____ Date _____

**RETURN TO: Medical Records, Veterinary Health Center
1800 Denison Avenue, Manhattan, KS 66506-5700**