

EastRidge Animal Hospital  
#102-22838 Lougheed Hwy, Maple Ridge, B.C  
V2X 2V6

Absent Owner Form

Client(s) Name(s): \_\_\_\_\_

Pet(s) Name(s): \_\_\_\_\_

Absent From: \_\_\_\_\_

To: \_\_\_\_\_

Pet Sitter's Name: \_\_\_\_\_

Pet Sitter's Contact Number: \_\_\_\_\_

Client(s) Contact Number(s) While away: \_\_\_\_\_

**\*\*What services would you like performed on your pet if you are not reachable? \*\***  
(Please check one)

- Nothing
- Necessary services up to a maximum of \$: \_\_\_\_\_
- Any necessary services, no monetary limit.

Client(s) VISA/MASTERCARD Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ V-Code: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

I hereby grant EastRidge Animal Hospital permission to charge my credit card for service rendered to my pet, named above, while under the care of the person named above for the period outlined above.

Client Signature: \_\_\_\_\_ Dated: \_\_\_\_\_