Vacation Pet Care Form

I _____ (Print Owner's Name) leave _____ (Print Designated Pet Care Givers Name) to seek medical care for the following animal(s) while I am on leave from _____ (Start Date) to _____ (End Date). Up to $_____ (Limit) or in condition the Veterinarian deems treatable. If the dollar limit is met, I authorize one of the following:

(CHECK ONE)

☐ Call me to get verbal authorization

☐ Stabilize the animal (if possible) until my return

☐ Euthanize the animal

The caretaker can be reached at Home _____ (Home Phone Number), at Work _____ (Work Phone Number), by Pager _____ (Pager Access Number) - _____ (Pager Number) or by other numbers _____ (Any other number that could be useful).

Emergency contact Information to reach me while I am on leave is:

_____

_____

List any information in this area such as Phone numbers, and/or addresses with POC name of where you could be reached

If my leave is extended, I will call the Guantanamo Bay Vet Clinic to inform them of the change and provide verbal instruction for pet care arrangements.

My Pet(s) information is:

_____ (Pet Name), _____ (Breed), K9 / Feline (Circle one), _____ yr (Age), _____ (Color), _____ (Sex)

_____ (Pet Name), _____ (Breed), K9 / Feline (Circle one), _____ yr (Age), _____ (Color), _____ (Sex)

_____ (Owner's Signature) _____ (Today's Date)

Detach for your records

Vet Clinic Hours: Phone 011-5399-2212, Mon-Fri 0800-1600

FAX 2707