Absent Owner Authorization Form:

Owner First Name(s): _____

Owner Last Name(s): _____

Email Address: _____

Phone Number(s): _____

_____

Pet(s) Name: _____

_____

Authorized Caregiver/ Pet Sitter / Doggy Daycare Name*: _____

Caregiver Phone Number: _____

*This person is authorized to make medical decisions for my pets if you cannot reach me. (Please choose one)

☐ Approve only essential Emergency care, including sedation/anesthesia (if necessary)

☐ Approve any care needed but contact me first if possible

☐ Approve any care needed even if I cannot be reached

Maximum Amount authorized without direct owner approval: _____

I understand that I will be responsible for payment during my absence.

I would like to keep my credit card on file for Emergency purposes, contact the Front Desk 802-888-7911 to set this up.

Departure Date: _____

Return Date: _____

Pet Owner Signature:

_____