

Contra Costa Veterinary Emergency Center

1410 Monument Blvd., Suite 108 • Concord, CA 94520

VOICE 925-798-2900

FAX 925-798-4982



Absentee Owner Permission/Authorization

Fill out and leave this form with CCVEC and your pet's caretaker.

This authorizes CCVEC to treat your animal in an emergency during your absence.

Owner's Name

Owner's Address

Owner's Phone

Home

Business

Cell

Caretaker's Name

Caretaker's Address

Caretaker's Phone

Patient's Name

Family Veterinarian

Special Medical Information (Medications, conditions, etc.):

Credit Card # _____ Expiration Date _____ VIN _____

The above-named person has permission to obtain medical treatment for my pet from _____ to _____.
I authorize Contra Costa Veterinary Emergency Center to charge emergency services to the above credit card.

SIGNATURE

DATE