

**Granville Island Veterinary Hospital
1635 W. 4th Avenue
Vancouver, BC V6J 1L8
604-734-7744**

Absent Owner Form

Client(s) Name(s): _____

Pet(s) Name(s): _____

Absent From: _____ 20 _____ To: _____ 20 _____

Pet Sitter's Name: _____

Pet Sitter's Phone Number(s): _____

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: ___ / ___ CVV _____

Name of Cardholder: _____

I hereby grant Granville Island Veterinary Hospital permission to charge my credit card for services rendered to my pet, named above, while under the care of the person named above for the period outlined above.

Client Signature: _____ Dated: _____ 20 _____