

**Granville Island Veterinary Hospital  
1635 W. 4<sup>th</sup> 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** \_\_\_\_\_