

**Papillion Clinic**

8455 S 73rd Plaza  
Papillion, NE 68046  
402-597-2911

URGENTPETCAREOMAHA.COM

**Millard Clinic**

4257 S 144th St  
Omaha, NE 68137  
402-991-9444

**MON-SAT:** 8am - 12am | **SUN:** 8am - 10pm | **HOLIDAYS:** 8am - 10pm

## Absentee Owner / Vacation Consent to Treatment Form

Urgent Pet Care of Omaha strives to serve the needs of the Omaha metro by providing excellent and compassionate pet care for urgent and emergency situations that cannot wait until normal clinic hours.

**Owner Contact Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number (to be reached at throughout absence): \_\_\_\_\_

Backup Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Start and End Dates of Absence (Month/Day/Year - Month/Day/Year):  
\_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_

Species and Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

Name: \_\_\_\_\_

Species and Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

Name: \_\_\_\_\_

Species and Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

Name: \_\_\_\_\_

Species and Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet Owner:** fill out, print, and sign this form. Provide information about medications and health concerns for each pet on a second sheet of paper. Give copies of each to your pet's Acting Agent. Keep a copy for your records.

**Acting Agent:** Bring this form, medication/health concern info, and valid payment with you to Urgent Pet Care.

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**Primary DVM/Veterinary Clinic Contact Information**

Business Name: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Acting Agent Contact Information**

Business/Facility: \_\_\_\_\_

Primary Contact and Title: \_\_\_\_\_

Home or Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Backup Phone Number: \_\_\_\_\_

I, the owner, do give my permission to the DVMs at Urgent Pet Care Papillion and Urgent Pet Care West (hereby referred to as “UPC”) to perform services on the named animals in my absence if my Acting Agent should contact UPC for any of my animals requiring veterinary care. If the emergency is severe, the veterinarians at UPC in conjunction with the listed Acting Agent may use their best judgement in determining if my pet(s) can be saved within a reasonable medical probability and financial practicality with a cost cap listed below.

Cost Cap per Animal: \_\_\_\_\_

By signing this document I agree to assume all financial responsibility for these services and consent to leaving my credit card information with the Acting Agent. I understand that payments for my pet(s) veterinary services not placed on my credit card will be reimbursed to the Acting Agent, not to UPC. If UPC’s veterinarians determine that my pet cannot be saved due to the severity of the condition and/or financial constraints, I hereby authorize them to euthanize my pet for humane reasons.

Owner Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Pet Owner:** fill out, print, and sign this form. Provide information about medications and health concerns for each pet on a second sheet of paper. Give copies of each to your pet’s Acting Agent. Keep a copy for your records.

**Acting Agent:** Bring this form, medication/health concern info, and valid payment with you to Urgent Pet Care.