URGENT PET CARE

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

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

URGENTPETCAREOMAHA.COM

SUN - SAT: 8 AM - MIDNIGHT | HOLIDAYS 8 AM - MIDNIGHT

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 this form, print, and sign it, then give it to your pet's Acting Agent. Keep a copy for your records.

Acting Agent: Bring this form and valid payment with you to Urgent Pet Care.

URGENT PET CARE

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

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

URGENTPETCAREOMAHA.COM

SUN - SAT: 8 AM - MIDNIGHT | HOLIDAYS 8 AM - MIDNIGHT

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 this form, print, and sign it, then give it to your pet's Acting Agent. Keep a copy for your records.

Acting Agent: Bring this form and valid payment with you to Urgent Pet Care.