

**OWNER ABSENTEE AUTHORIZATION FORM**

**Veterinary Medical Teaching Hospital  
College of Veterinary Medicine**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Animal's Name**    **MR #** (Office Use)    **Animal's Name**    **MR #**(Office Use)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Animal must have been seen at KSU-VMTH within the last 3 years.  
We will honor most current form on file.**

The agent presenting the animal(s) described above must present this form to the KSU VMTH upon admission, or a completed form must be in the medical record. Please check and complete option A, B, or C, and obtain required signature(s).

I, the owner, verify (list individuals who may present your animal in your absence)

may admit my animal(s) to the KSU Veterinary Medical Teaching Hospital for any necessary treatment, including euthanasia.

**A) Client credit card with agent or Business Office**

\_\_\_\_\_ I understand I am responsible for payment of all expenses incurred. If payment will be made by credit card, please check one:  
 Visa                       MasterCard                       Discover

**\* It will be the owner's responsibility to make sure the agent(s) responsible for the animal(s) has the credit card number, or contacts the Business Office at (785) 532-4303 with the credit card number.**

**B) Agent responsible**

\_\_\_\_\_ I, the owner of the above-described animal, has made prior arrangements as follows: The agent admitting the animal(s) described above will be responsible for payment of all expenses upon the release of the animal(s) from the VMTH.

Agent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**C) Established account - Business Office signature required**

\_\_\_\_\_ The KSU VMTH Business Office has agreed to add any expenses accrued during my absence to my existing account number which I will pay as previously agreed.

Business Manager Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* Owner Signature - required**

I, the owner, attest that all the above stated information is correct and accurate.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**RETURN TO:  
Medical Records  
Veterinary Medical Teaching Hospital  
Kansas State University  
106 A Mosier Hall  
Manhattan, KS 66506**