



PET SITTER AUTHORIZATION

During my absence, _____ will be caring for my animal(s),
Pet(s) Names: _____. They have my
permission to bring them in for treatment as deemed necessary. I authorize you to treat my
animal(s) and I will be fully responsible for all fees and charges. I will pay for all charges
incurred on my behalf upon my return. I further authorize you to give out any information
regarding the care/ treatment of my animal(s) to the pet sitter mentioned above.

***Client's Initials _____

URGENT VETERINARY TREATMENT AUTHORIZATION

Client Name: _____ Date _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Email: _____

Special Instructions: _____

Max Amount for Urgent Care Services: _____ \$

*****If charges are to exceed this amount, I am to be contacted for further authorization.***

Pet Sitter Name: _____

Home Phone: _____ Work: _____ Cell: _____

Again, I authorize you to treat my animal(s) and I will be fully responsible for all fees and
charges. I will pay for all charges that are incurred on my behalf, immediately upon my return.

Client Signature: _____

Date: _____