

Four Paws Pet Sitting Services
VETERINARIAN AUTHORIZATION

Vet _____ Pets Name/Names _____

During my various absences, **Four Paws Pet Sitting Services** will be caring for my pet(s). They have my permission to transport them to and from your office or, in the case of large animals, request "on site" treatment from your office as is deemed necessary. I authorize you to treat my pet(s) and I will be fully responsible for **all fees and charges** and will pay for all charges they incur on my behalf upon my return. I further authorize you to give out any information about my animal(s) to Nadia Bond, the owner of **Four Paws Pet Sitting Services**.

Client Initials _____

Four Paws Pet Sitting Services
Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change Vets please notify **Four Paws Pet Sitting Services** before service dates.

Client Name: _____

Address: _____

City: _____ ZIP: _____

Home Telephone: _____ Work Telephone: _____ Mobile/Pager: _____

To whom it may concern: I have contracted for services from **Four Paws Pet Sitting Services** during my absence and I authorize **Four Paws Pet Sitting Services** to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts for each pet:

Pet Name- Description- Maximum Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If multiple pets require treatment, do not exceed a combined total of \$ _____.

Special Instructions:

Four Paws Pet Sitting Services reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Preferred **Urgent** Veterinary Care

Clinic _____ Address _____ Telephone _____

I authorize you to treat my pet(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return. CC Card If I cannot be reached

Name _____ # _____ Exp. _____

Max. Charge Authorized _____. Authorized charges to this card are for Veterinarian Services/Pet Medications **ONLY**.

Client

Date