

# Pet Sitting at Weston



## VETERINARIAN AUTHORIZATION

Vet Info \_\_\_\_\_  
Vet Phone Number \_\_\_\_\_  
Vet Address \_\_\_\_\_  
Pets Name/Names \_\_\_\_\_

During my various absences, **Pet Sitting at Weston** will be caring for my animal(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 animal(s) and I will be fully responsible for **all fees and charges** and will pay for all charges incurred on my behalf upon my return. I further authorize you to give out any information about my animal(s) to **Oswaldo Cuadros**, the owner of **Pet Sitting at Weston**.

Client Initials \_\_\_\_\_

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## Pet Sitting at Weston 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 **Pet Sitting at Weston** before service dates.

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

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

**To whom it may concern:** I have contracted for services from **Pet Sitting at Weston** during my absence and I authorize **Pet Sitting at Weston** 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):

Special Instructions: \_\_\_\_\_

Call Owner First / Other \_\_\_\_\_

**Pet Sitting at Weston** reserves the right to utilize the services of any available veterinary clinic.

I authorize you to treat my animal(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.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pet Sitting at Weston