



# Veterinary Treatment/Authorization Form (English)

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To be completed by the Pet Owner and used by the Sitter if a pet requires care at:

\_\_\_\_\_ (Veterinary Hospital / Clinic)

## Owner's Information:

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

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

Email: \_\_\_\_\_

Phone number \_\_\_\_\_

Phone number while away: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

## Pet Sitter's Information:

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

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

## Authorizations:

I \_\_\_\_\_ (Pet Owner) authorize \_\_\_\_\_ (Sitter) to care for my pet(s) in my absence.

The Sitter has permission to transport the pet(s) or request "home" treatment if deemed necessary.

I authorize \_\_\_\_\_ (Veterinary Hospital /Clinic) to treat and make any decisions in regard to my pet's condition. I also authorize sharing pet information with the Sitter.

## Please check one of the following:

- I authorize **any amount necessary** for the treatment of my pets.
- I authorize **a maximum** of \$\_\_\_\_\_ for the treatment of my pets.

## Please check one of the following:

- I wish to be contacted prior to any treatment.
- There is no need to contact me for treatments costing up to the allotted amount.

In the event of a pet's death, I wish one of the following actions:

- Cremation with ashes returned (if service is available)
- Cremation with ashes not returned (if service is available)
- Hospital/clinic to make other final arrangements
- Release the body to the pet sitter
- Please hold the body until I return.

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Pet Information

### Pet 1:

Pets Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  Female  Spayed female  Male  Neutered male

Current Medications: \_\_\_\_\_

### Pet 2:

Pets Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  Female  Spayed female  Male  Neutered male

Current Medications: \_\_\_\_\_

### Pet 3:

Pets Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  Female  Spayed female  Male  Neutered male

Current Medications: \_\_\_\_\_

### Pet 4:

Pets Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  Female  Spayed female  Male  Neutered male

Current Medications: \_\_\_\_\_