

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 urgent treatment during your absence and we are unable to contact you at the time.

Client Name: _____

Address: _____

Email address: _____

Cell Telephone: _____

Other Telephones: _____

To Whom it may Concern:

I have contracted with JPetsits for pet sitting services during my absence and I authorize JPetsits to act on my behalf to request veterinary treatment and services if necessary and to act as an intermediary for information regarding my pet.

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

In the event that multiple pets require treatment, do not exceed a combined total of \$ _____

Client Signature

Date

JPetsits reserves the right to utilize the services of any available veterinary clinic. If time permits, we will 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. Please have a current credit card on file with your vet.

Client name that pet(s) may be listed under if different from above _____

Primary Veterinary Clinic _____

Emergency ER used is Atascadero Vet Hospital

Address: _____

Telephone: _____