

# Watchdog Pet Sitting Services & More

## Veterinary Treatment Authorization



Vet Clinic: \_\_\_\_\_ Doctor: \_\_\_\_\_

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

Pets Name/Names: \_\_\_\_\_

During my various absences, *Watchdog Pet Sitting Services & More* 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 if 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 necessary about my animal(s) to the care specialist of *Watchdog Pet Sitting Services & More*.

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Emergency Care - To whom it may concern:** I have contracted for services from *Watchdog Pet Sitting Services & More* during my absence and I authorize *Watchdog Pet Sitting Services & More* to act on my behalf to request emergency veterinary treatment and services when they deem it necessary. I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges that are incurred on my pets' behalf. Payment shall be made immediately upon my return.

Emergency Vet Hospital: \_\_\_\_\_

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

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Watchdog Pet Sitting Services & More reserves the right to utilize the services of any available veterinary clinic in an emergency.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Watchdog Pet Sitting Services & More*

\_\_\_\_\_  
*Date*

\* 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.