

Veterinary Authorization

General Info:

- Customer's Name _____
- Customer's & Email: _____
- Name of Pet(s): _____

Veterinary Info

- Veterinary Clinic's Name: _____
- Veterinary Clinic's Address: _____

Customer Authorization:

If any of the pets named above becomes ill or is injured, I request that **Nevaeh's Pet Paradise** to take the pets to a veterinarian listed above. I give permission for pet sitter to approve treatment to the amount below (please input in below field). I will assume full responsibility upon my return for payment and / or reimbursement for veterinary services up to the above stated amount. If the veterinary offices named above is available, I authorize **Nevaeh's Pet Paradise** to take my pet(s) to another veterinarian for treatment. I understand that the pet sitter cannot be held responsible for the results of the veterinary treatment or the loss of my pet(s). This agreement is valid starting on the date below whenever **Nevaeh's Pet Paradise** cares for my pets.

- Treatment Amount Approval: _____
- Customer Signature: _____
- First Date in effect: _____
- Agree to above statement: _____