



Veterinary Authorization Form

Client: _____

Pet(s) Name: _____

In the event my pet(s) appear to be ill, injured, or at significant risk of experiencing a medical emergency, I give permission to Pet Sitter/Elite Pet Service to seek veterinary care from my veterinarian, or after-hour animal hospital for any animal listed on this form.

I authorize the veterinarian clinic to treat my pet(s) and I am responsible for payment of any fees less than or equal to the limits I have outlined below. I understand I may increase this limit during an emergency by providing verbal authorization to the attending clinic over the telephone. I authorize attending clinic the total diagnosis and treatment limit of per pet(s):

\$ _____ / _____ per pet / total.

I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible, and this form is to be used as authorization until I am contacted.

I authorize my primary veterinarian to share information with Pet Sitter/Elite Pet Service, to assist in the care of my pet(s).

I understand Pet Sitter/Elite Pet Service has REQUESTED I leave a credit card on file with my veterinary clinic in the event I am unable to be reached during an emergency.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Elite Pet Service cares for my pet(s).

In signing this contract, I agree that I have the sole and final authority to make health, medical, and financial decisions regarding my pet(s), while in the care of Pet Sitter/Elite Pet Service.

Client Signature: _____ Date: _____