



## Permission to Treat/Veterinarian Authorization Form

**Pet's Name:** \_\_\_\_\_

**Pet Sitter Name:** \_\_\_\_\_

**Pet Sitter Phone Number:** \_\_\_\_\_

**Pet Sitter Address:** \_\_\_\_\_

I, \_\_\_\_\_, acting as the client, give permission for \_\_\_\_\_ to care for my pet in my absence. He/she has my permission to transport them to and from your clinic or request "on-site" treatment from your office as is deemed necessary. I authorize \_\_\_\_\_ to treat and/or make any decisions in regard to my pet in a matter that is best suited to my pet's condition and I state that **we, as the client**, will be fully responsible for all fees, expenses and charges and will pay for all charges incurred on my pet's behalf upon the day of service. I further authorize you to give any information about my pet to \_\_\_\_\_.

**Client Name (Printed):** \_\_\_\_\_

**Client Phone Number:** \_\_\_\_\_

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

**Client Address:** \_\_\_\_\_

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