



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

Dee Whitford to care for my pet in my absence. 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 Dee Whitford, Reliable Pet Sitting Services, LLC.

Client Name (Printed): _____

Client Phone Number: _____

Client Signature: _____

Client Address: _____

Date: _____