Phone: 716-430-0119

Veterinarian Authorization

Client's Name: _			
Address:			
Cell:	Cell:	Home:	Work:
Pet(s) Name:			
Veterinarian:		Usual Vet:	
Vet Address:			
Vet Phone:			
have my permis from your office responsible for a of \$	ssion to transport to as is deemed necessall fees and charge	hem to and from your c essary. I authorize you t es that are incurred on n	vill be caring for my animal(s). They office or request "on site" treatment to treat my animal(s) and I will be fully my behalf not to exceed the amount my information about my animal(s) to e.
Kelsey's Sit, Stay office is not ava- veterinarian of I at time of needs	y, and Play feels th ilable, I authorize t Kelsey's Sit, Stay, a	ne charges are unreason the release of my anima and Play choice or which cords may be transferre	ot being given to my animal(s) or that nable, or my regular veterinarian's al(s) records for them to be seen by a hever vet is covering for a closed facilit ed to another facility or given to
confirm the Ow	ner's choice of act		Owner at the numbers provided to t be reached timeously or the issue is aforementioned.
as extensive vet		uthanasia, Owner autho	I to be an emergency situation such prizes the following persons to make

Phone: 716-430-0119

Owner will make sure that their current veterinarian has a copy of this form OR has Kelsey's Sit, Stay, and Play listed in their pet(s) charts as authorized to obtain veterinary care.

Owner agrees to indemnify and hold harmless Kelsey's Sit, Stay, and Play from any liability
relating to transportation, treatment and expense. Should specified veterinarian be
unavailable, Sitter is authorized to approve medical and/or emergency treatment (excluding
euthanasia) as recommended by a veterinarian.

Date

Pet Sitter signature

Client signature

Date