



Veterinarian Authorization

Client's Name: _____

Address: _____

Cell: _____ Cell: _____ Home: _____ Work: _____

Pet(s) Name: _____

Veterinarian: _____ Usual Vet: _____

Vet Address: _____

Vet Phone: _____

During my various absences, Kelsey's Super Pet Sitters will be caring for my animal(s). They have my permission to transport them to and from your office or request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges that are incurred on my behalf not to exceed the amount of \$_____. I further authorize you to give out any information about my animal(s) to Kelsey's Super Pet Sitters in regards to their medical care.

If Kelsey's Super Pet Sitters feel that the proper care is not being given to my animal(s) or that Kelsey's Super Pet Sitters feels the charges are unreasonable, or my regular veterinarian's office is not available, I authorize the release of my animal(s) records for them to be seen by a veterinarian of Kelsey's Super Pet Sitters choice or whichever vet is covering for a closed facility at time of needed services. The records may be transferred to another facility or given to Kelsey's Super Pet Sitters on demand.

In the event of an emergency, the Sitter shall contact the Owner at the numbers provided to confirm the Owner's choice of action. If the Owner cannot be reached timeously or the issue is of an emergency nature, the Sitter is authorized to all the aforementioned.

If the Owner cannot be reached and the illness is deemed to be an emergency situation such as extensive vet stay, surgery or euthanasia, Owner authorizes the following persons to make these decisions: _____



Kelsey's Super Pet Sitters

Phone: 716-430-0119

Owner will make sure that their current veterinarian has a copy of this form OR has Kelsey's Super Pet Sitters listed in their pet(s) charts as authorized to obtain veterinary care.

Owner agrees to indemnify and hold harmless Kelsey's Super Pet Sitters 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.

Client signature

Date

Pet Sitter signature

Date