

## Consent for Pet Sitter to Authorize Medical Treatment

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Pet Owner:

Address:

Phone/Fax:

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Pet's Name:

Expected dates of absence:

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Pet Caretaker:

Address:

Phone/Fax:

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I, the owner of the above-named pet(s), request that the above pet sitting caretaker feed, exercise, groom, and provide routine care for my pet while I am away from home per my oral or written instructions.

Should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I authorize the pet sitter to act as my agent in procuring veterinary care, with fees not to exceed \$\_\_\_\_\_. I agree to pay the fees for such professional veterinary services as soon as possible after I return and, in the absence of gross negligence, will not hold the pet sitter liable for injuries or illnesses suffered by my pet(s) or any fees for veterinary services incurred on their behalf.

The address and phone number(s) where an authorized agent of mine or I may be reached are:

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Name	Address	Relationship	Phone/fax
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I hereby authorize the pet sitter named above to seek veterinary services from the facility listed below in order to provide essential medical or surgical services without my consent. **I do** \_\_\_\_\_ **I do not** \_\_\_\_\_ (initial one) authorize intensive medical care efforts for my pet.

I have \_\_\_\_\_ I have not \_\_\_\_\_ (initial one) contacted my pet's local veterinarian and, therefore, he/she is aware \_\_\_\_\_ unaware \_\_\_\_\_ (initial one) that I will be absent and that the above pet sitter may seek veterinary services in my absence. The veterinary practice of my choice is:

**BENT TREE ANIMAL HOSPITAL, PA  
3851 FRANKFORD RD.  
DALLAS, TX 75287  
972-862-7629**

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured, I give my consent \_\_\_\_\_ do not give my consent \_\_\_\_\_ (initial one) for euthanasia. If my pet should die or is euthanized, I request that the body be retained until I return \_\_\_\_\_ be individually cremated \_\_\_\_\_ be communally cremated \_\_\_\_\_ (initial one) and I agree to pay the fees for such services.

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Signature of Owner or Authorized Agent

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Date

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Signature of Pet Sitting Caretaker

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Date