

Pet Sitting Consent

Pet Owner _____ Pet Sitting Caretaker _____

Address _____ Address _____

Phone/fax _____ Phone/fax _____

Expected dates of absence _____ Pet's name(s) _____

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 via credit card noted below. In the absence of gross negligence, I 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:

Name	Relationship	Phone/fax
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I, _____ do 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.

The veterinary practice of my choice is:

Name	Address	Phone/fax
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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.

Credit card # _____ Exp date _____ CVV# _____

Signature of Owner or Authorized Agent Date

Signature of Sitting Caretaker Date