

# TOP HAT AND TAILS PET SITTING

## VETERINARIAN AUTHORIZATION

Vet \_\_\_\_\_ Pets Name/Names \_\_\_\_\_

During my various absences, *Top Hat And Tails* will be caring for my animal(s). They have my permission to transport them to and from your office or, in the case of large animals, 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** and will pay for all charges incurred on my behalf upon my return. I further authorize you to give out any information about my animal(s) to Julie Nixon, the owner of *Top Hat and Tail Pet Sittings*.

Client Initials \_\_\_\_\_

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## TOP HAT AND TAILS PET SITTING Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change vets please notify Top Hat And Tails before service dates.

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

**To whom it may concern:** I have contracted for services from Top Hat And Tails Pet Sitting during my absence and I authorize Top Hat And Tails to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s):

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Top Hat And Tails reserves the right to utilize the services of any available veterinary clinic.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

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