

Midtown Dog Walking and Pet Sitting
VETERINARIAN AUTHORIZATION

Vet: _____ Pets Name/Names: _____

During my various absences, *Midtown Dog Walking and Pet Sitting* 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 treat to 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 _____, the owner of Midtown Dog Walking and Pet Sitting.

Client Initials _____

**(Midtown Dog Walking and 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 Midtown Dog Walking and Pet Sitting before service dates.

ClientName: _____

Address: _____

City: _____ ZIP: _____

Mobile: _____ Home: _____ Work: _____

To whom it may concern: I have contracted for services from Midtown Dog Walking and Pet Sitting during my absence and I authorize Midtown Dog Walking and Pet Sitting 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):

SpecialInstructions: _____

Midtown Dog Walking and Pet Sitting 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

Midtown Dog Walking and Pet Sitting

Vet Release