



**AUTHORIZATION TO OBTAIN MEDICAL CARE FOR MY PETS**

During my absence, I \_\_\_\_\_ hereby authorize \_\_\_\_\_  
residing at \_\_\_\_\_, hereinafter referred  
to as "Pet Sitter", to seek medical treatment for my pet(s) \_\_\_\_\_,  
should he/she perceive an emergency situation. Pet Sitter agrees to make every effort to  
secure my permission prior to incurring any medical expenses, however I agree to be  
responsible for reasonable medical expenses incurred for life-saving medical treatments  
deemed necessary by the veterinarian, should Pet Sitter not be able to contact me first.  
Should the emergency occur after regular business hours, an emergency veterinarian may  
treat my pet(s). The veterinary hospital of choice is GULFSHORE ANIMAL HOSPITAL. I will  
remain responsible to pay all such medical expenses with the following credit card:  
# \_\_\_\_\_, Expiry: \_\_\_\_\_ Cardholder name and  
billing address: \_\_\_\_\_,  
or I have made arrangements with my veterinary hospital listed above to bill me for any  
services performed which I will agree to pay upon my return.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Witness As to Signature: \_\_\_\_\_

Print Witness Name: \_\_\_\_\_