



9449 Reverie Road
Tujunga, CA 91042
PH (818) 875-8122
FX (818) 875-8122
CELL (213) 842-4857
info@lapetsitting.com

DATE: _____

CUSTOMER CODE: _____

VETERINARY AUTHORIZATION

Pet's Name: _____ Medical Conditions/Medication: _____

Pet's Name: _____ Medical Conditions/Medication: _____

Pet's Name: _____ Medical Conditions/Medication: _____

Pet's Name: _____ Medical Conditions/Medication: _____

Pet's Name: _____ Medical Conditions/Medication: _____

Veterinary Office Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Alternate Veterinary Office: _____ Phone: _____

Address: _____ City: _____ Zip: _____

If any of the pets named above becomes ill or is injured, I request that LA Pet Sitting take the pets to a veterinarian listed above. I give permission to pet sitter to approve treatment up to \$_____. I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize LA Pet Sitting to take my pet/s to another veterinary office for treatment. I understand that pet sitter cannot be held responsible for the results of the veterinary treatment or the loss of my pet. This agreement is valid starting on the date below whenever LA Pet Sitting cares for my pets.

CLIENT SIGNATURE

CLIENT NAME (please print)

DATE