

Fur to Feathers Pet Sitting Service

VETERINARIAN INFORMATION AND VETERINARIAN AUTHORIZATION

Vet Name _____ Vet Doctor _____
Address _____ Phone # _____

Pets Name/Names _____

During my various absences, **Fur to Feathers** 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 Lesley and/or Greg, the owners of **Fur to Feathers**.

Client Initials _____

Fur to Feathers 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 **Fur to Feathers** before service dates.

Client Name: _____

Address: _____

City: _____ ZIP: _____

Home Telephone: _____ Work Telephone: _____ Cell _____

To whom it may concern: I have contracted for services from **Fur to Feathers** during my absence and I authorize **Fur to Feathers** 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: _____

Fur to Feathers 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 Signature

Date

Fur to Feathers Pet Sitting Service
5258 Butterfly Lane
North Port, FL 34288