



www.kittensittin.biz

## Veterinary Treatment Authorization

To whom it may concern: During my absence I have contracted pet-sitting services from *Kitten Sittin'* and I hereby authorize any / all *Kitten Sittin'* staff to act on my behalf to request veterinary treatment and services when they deem it medically necessary. I authorize you to treat my animal(s) and I accept full responsibility for any and all fees / charges incurred in the medical treatment of my animal(s). I will immediately pay for all charges upon my return. I further authorize you to give any information about my animal(s) to *Kitten Sittin'* / Cat Sitter.

\_\_\_\_\_  
*Client Signature*

*Kitten Sittin'* reserves the right to utilize the services of any available veterinary clinic. If time / availability permits, we will attempt to utilize your preferred / primary veterinary clinic. If it is not practical to do so, the following information will be helpful (if the clinic we utilize requires documentation from your primary clinic). Should you change Vets, please notify *Kitten Sittin'* before any scheduled Care Visits.

## Preferred Veterinary Treatment Authorization

Veterinarian/Clinic: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preference:  HM  BUS  CELL

Please limit veterinary services, per pet, to the following dollar amount:

Name/Description: \_\_\_\_\_ \$ \_\_\_\_\_

Name/Description: \_\_\_\_\_ \$ \_\_\_\_\_

Name/Description: \_\_\_\_\_ \$ \_\_\_\_\_

*If multiple pets require treatment, do not exceed a combined total of \$* \_\_\_\_\_

Pet Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

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

## Urgent Veterinary Treatment Authorization

To whom it may concern: In the event of an emergency, I authorize you to medically treat my animal(s); furthermore, I will be fully responsible for all fees / charges that are incurred on my behalf.

If I cannot be reached, please use this charge card information for medical billing:

Name: \_\_\_\_\_  VISA  MC

# \_\_\_\_\_ Expires \_\_\_\_\_ Maximum Authorized Charge\* \$ \_\_\_\_\_

*\*NOTE: ONLY VETERINARIAN SERVICES/PET MEDICATIONS SHALL CONSTITUTE AUTHORIZED CHARGES TO THIS CARD.*

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Kitten Sittin' Representative*