



Veterinarian Treatment Authorization

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, while in our care, and we are unable to contact you at the time. Should you change veterinarians please notify Okay@Home Pet Sitting Services before service dates. A copy will be sent to the primary veterinarian listed below to be retained in the pets' medical file. *This form MUST be signed to authorize treatment.

Pet Owner's Name

Address

City State Zip Code

Home Phone Work Phone Cell Phone

(Must provide at least one phone number.)

To whom it may concern: During my absence a representative of Okay@Home Pet Sitting Services will be caring for my pet(s). I give Okay@Home (Michael Scott Gordon or Janice Stepp) my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached I authorize Okay@Home to act as an agent on my behalf.

Pet Name	Description	Maximum Amount OR As Needed
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If your pet becomes ill or injured, every attempt will be made to utilize your primary veterinary clinic listed below. In case of an emergency or if your veterinary clinic is unavailable, Okay@Home reserves the right to utilize the services of any available veterinary clinic.

Veterinary Clinic Phone

Address

City State Zip

After hours and weekends: (Emergency Clinic Name and Location)

Name Phone

Address



I authorize veterinary treatment my pet(s) during my absence. I understand that Okay@Home Pet Sitting Services (Michael Scott Gordon or Janice Stepp) assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I have made advance arrangements with your office to pay all charges and fees that are incurred on my behalf, immediately upon my return.

Signed Date