

# Pet Sitter Medical Authorization



Owner of the pets detailed on this form is/are away from (date) \_\_\_\_\_ to \_\_\_\_\_.  
The pet sitter detailed on this form is caring for the pets during these dates.

## Owner Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

## Pet Information:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Coat Colour: \_\_\_\_\_ Sex: \_\_\_\_\_  
Medications (name, strength, frequency): \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Coat Colour: \_\_\_\_\_ Sex: \_\_\_\_\_  
Medications (name, strength, frequency): \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Coat Colour: \_\_\_\_\_ Sex: \_\_\_\_\_  
Medications (name, strength, frequency): \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Coat Colour: \_\_\_\_\_ Sex: \_\_\_\_\_  
Medications (name, strength, frequency): \_\_\_\_\_

## Pet Sitter Information:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## My primary care veterinary clinic for my pet(s) is:

Name of Hospital: \_\_\_\_\_  
Location of Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Medical Authorization:

If my pet(s) becomes injured or ill, the above detailed pet sitter is authorized to take my pet(s) to the nearest available animal care facility.

The pet sitter is authorized to give permission for a Veterinary examination and any further items checked below:

\*If no items are selected below, I am to be contacted following the examination to obtain authorization.

- Diagnostics recommended by the veterinarian
- Hospitalized treatment prescribed by the veterinarian
- Outpatient treatment prescribed by the veterinarian

I wish to be contacted by the Veterinarian to discuss exam findings and/or recommended treatments/diagnostics at the contact information on the bottom of this form.

The agreed upon payment terms of veterinary care are:

- I authorize the use of my credit card information (either provided to the pet sitter directly or written on this form) for the maximum amount of:
  - \$200     \$500     \$750     \$1,000     Other \$ \_\_\_\_\_
- The pet sitter will pay for the veterinary services and I will reimburse at the time I return home.  
The agreed upon maximum amount is \$ \_\_\_\_\_

## Emergency Stabilization:

If, in the event my pet(s) require(s) emergency stabilization, I have outlined my wishes below:

My definition of initial emergency intervention/assessments include:

- Placement of intravenous catheter for administration of urgently needed medication.
- Administration of supplemental oxygen therapy.
- Administration of intravenous fluid support.
- Emergency diagnostics such as checking blood sugar levels, ultrasound to check for internal bleeding, or radiographs to check for conditions such as GDV.

- I consent** to initial emergency intervention/assessment as recommended by the veterinarian.
- OR: I decline** initial emergency intervention/assessment as recommended by the veterinarian until after speaking with the veterinarian. I am aware that by declining emergency intervention, I may delay necessary treatment for my pet and outcomes may be affected.

## CPR:

Should my pet require cardiopulmonary resuscitation (CPR) in the event that he/she stops breathing or the heart stops beating, I request that the medical team pursues such medical care as indicated below:

- Yes**, perform CPR on my pet in the event of cardiac or respiratory arrest.
- OR: No**, do not attempt to resuscitate my pet. Do not perform CPR.

I understand that if I am unavailable to be reached at the contact information below, the veterinary care team will provide care as deemed necessary for the welfare of the patient(s), within the wishes on this form. The veterinary care team will act in the best interest of the patient, to the best of their ability. They cannot guarantee, nor are they liable for, the outcome of the patient(s).

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## Authorization:

**Both parties have read and agree to the terms in this medical authorization form, signing below indicates agreement and understanding of the medical wishes, payment terms, and dates detailed:**

Printed Name of Pet Owner: \_\_\_\_\_

Signature of Pet Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Pet Sitter: \_\_\_\_\_

Signature of Pet Sitter: \_\_\_\_\_ Date: \_\_\_\_\_

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\*If credit card information is filled out: It is advised that this portion of the document be folded and not viewable when stored, then detached and shredded when no longer applicable.

### Credit Card Information

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CCV: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Maximum Authorized Amount: \$ \_\_\_\_\_

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