



Veterinary 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 veterinary treatment during your absence. Should you change veterinarians please notify Nature Calls Pet Sitting LLC before service dates.

*This form MUST be signed to authorize treatment.

Name: _____

Address: _____ City: _____ ZIP: _____

Home phone: _____ Work phone: _____ Cell/Pager: _____

Nature Calls Pet Sitting LLC reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your 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.

Primary Veterinary Clinic: _____

Address: _____ City: _____ ZIP: _____

Phone: _____

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

During my absence a representative of Nature Calls Pet Sitting LLC will be caring for my pet(s). I give Nature Calls Pet Sitting LLC my permission to transport my pet(s) to a veterinarian or emergency clinic. I authorize veterinary treatment of my pet(s) during my absence. I understand that Nature Calls Pet Sitting LLC assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I accept full responsibility for all charges incurred in the treatment of my pet(s).

Pet Owner Signature _____

Pet Owner Printed Name _____