

# Veterinary Treatment Authorisation Form

Name and address of vet:

## TO WHOM IT MAY CONCERN

I hereby authorise the attending veterinarian to treat any of my pets as listed on the Pet Information sheet provided to Whiskers Pet Sitting Services and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

The Pet Sitter is authorised to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, the Sitter shall act on my behalf to authorise any treatment excluding euthanasia.

Pet Sitter's Full Names: Whiskers Pet Sitting Services

Owner's name and address:

Date: