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: _____ $ _____

Feral Cat Care: _____ $ _____

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*

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