

Donna's Pet Sitting

fostermomtokitties@gmail.com

226-988-5094

• Veterinarian Authorization •

Client name: _____

Who is your preferred Veterinarian?

Name: _____

Address: _____

Phone: _____ **Hours:** _____

Emergency Veterinarian

If we are unable to contact your preferred veterinarian, in an emergency we will take your pet to our trusted veterinarian:

Ayr Animal Hospital
Melair Dr. Ayr, ON
(519) 632-8100

Authorization

If my pet(s) become ill, the Pet Sitter is authorized to take them to either of the above veterinarians to diagnose their condition. If for any reason, the Pet Sitter is not able to contact my preferred veterinarian, she will take my pet(s) to Ayr Animal Hospital. The veterinarian is to call me for authorization to treat. If I am unavailable and this is an emergency, the veterinarian is hereby authorized to treat the pet(s) at his/her discretion.

The charges for any vet visit or treatment will be applied to my account if the veterinarian will do so. If the veterinarian requires immediate payment, the cost of treatment may be charged to my credit card below: Due to the need of a CVV number we will of course be in touch so that you can provide that information.

Credit Card Type:

Visa MasterCard American Express Other: _____

Name on card: _____

Credit card number: _____

Expiration date: _____

Signature

Date