

The Happy Companion Pet Sitting

"There's No Place Like Home"

Quality, Loving, In-Home Care for Your Pet while You're away
714-421-6878

Email: teresa@happycompanion.com

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(NAME OF CLIENT'S VETERINARIAN CLINIC)

In the event of illness or injury related to my pet(s), hereby Authorize Teresa Elges

In the event of illness or injury related to my pet(s), (NAME OF PETSITTER)

I hereby authorize Teresa Elges, as my pet sitter, to bring my pet (s) in for whatever medical treatment may be required.

I will assume full responsibility upon my return for payment of all services rendered for my specific veterinarian.

(Named above) is not available for any reason, or if emergency should happen after regular office hours,

I further authorize my pet sitter to take my pet(s) to _____
the nearest emergency Veterinarian clinic, which can render assistance. *(24 Hour vet Clinic)*

Signed: _____ Date: _____

Printed name: _____

Address: _____

Pet (s) Full Names: _____
