A PLUS PET SITTING, LLC

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VETERINARY CARE AUTHORIZATION & RELEASE

Client name: Phone: . . . . . .

Pet name(s): . . . . . .

Preferred veterinarian / clinic: Phone: . . . . . .

Emergency clinic (if different): Phone: . . . . . .

Emergency contact / phone: . . . . . .

Emergency care authorization

If I cannot be reached promptly, I authorize A Plus Pet Sitting, LLC to arrange reasonable veterinary evaluation, transportation, and emergency treatment for my pet(s), consistent with the spending choice below. I understand the veterinarian makes medical decisions and I am financially responsible for all veterinary and transportation charges. A Plus Pet Sitting, LLC will make reasonable efforts to contact me and my emergency contact.

Choose ONE spending authorization

[ ] Up to $_____ total per emergency
[ ] No preset dollar limit for veterinarian-recommended emergency treatment
[ ] Contact me before non-life-saving treatment; if unreachable, authorize stabilization up to $_____
[ ] Other instructions: _____

Additional instructions

Known conditions / allergies / medications: . . . . . .

Treatment restrictions / preferences: . . . . . .

This authorization applies during services until revoked or replaced in writing. It does not guarantee that care will be available.

Client signature: Date: . . . . . .