



Pet Sitter Consent Form

I, _____ (owner's name), owner of the below – described animal, authorize _____ (authorized agent's name) to make emergency veterinary medical decisions, for the animal described below in the event that I cannot be reached. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the care of the animal(s).

Owner's name: _____

Owner's contact information in case of emergency (provide all forms of contact): _____

Other contact (travel companions, etc. - name and contact information): _____

Animal's name: _____

Type of animal: _____

Age, weight and sex of animal: _____

Description of animal (color and markings): _____

Relevant medical history: _____

Microchip number (if applicable): _____

Vaccinations (vaccination, date): _____

Pet Sitter Consent Form continued.

Name	Dose	Frequency	How medication is given (orally, etc.)	Other notes

Pet Sitter: _____

Contact information for pet sitter: _____

Other instructions:

I do **not** authorize emergency veterinary care without my direct consent.

Other: _____

Owner's name (printed): _____

Owner's signature: _____

Date: _____