



Flagler Animal Hospital

PROVIDING A LIFETIME OF CARE

130 Old Kings Road S. Flagler Beach, Florida 32136 386.439.1606 Fax 386.439.1605

Pet Sitter Authorization Form

Non-Owner Agreement

Today's Date: _____

Name of Pet Sitter or responsible party: _____

Phone number: _____

Pet(s) Names: _____

Client's Name: _____

Is the owner a Client of Flagler Animal Hospital? _____

Location or Destination of owner: _____

Date owners will return: _____

I am solely responsible for making any and all medical decisions on behalf of the lawful owners in their absence. I authorize Flagler Animal Hospital to provide medical attention or treatment during the owner's absence. I understand that I will be financially responsible for any and all costs incurred for treatment. I understand that payment is due at the time services are rendered and am capable of paying for any and all treatment.

I attest that I have been unable to contact the owners of the above mentioned pet(s), during their absence for permission to bring their pet(s) to FAH. I have provided Flagler Animal Hospital with all pertinent information known to me about the clients and their pet(s).

Signature of Responsible Party: _____ Date: _____

FAH Representative: _____ Date: _____