



483 Wythe Creek Road  
Poquoson, VA 23662  
(757)868-8532 phone  
(757)868-8545 fax

Business Hours:  
Monday-Friday 7am-6pm  
Saturday 8am-12pm  
Sunday CLOSED

Dr. Jean B. Eddy ♦ Dr. Matt Williams  
Dr. Brittany B. Ashworth ♦ Dr. Rosalie Gibson

**Treatment Authorization Form**  
**for Pet sitter/Family Member**

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
(family member/neighbor/pet sitter) to authorize medical treatment for my pet/s while  
they are in their care for the following dates:

\_\_\_\_\_

I will leave an emergency contact number with the pet caretaker and make arrangements  
for payment with the staff of Poquoson Veterinary Hospital at the time of filling out this  
form.

Emergency Contact Numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency in my absence in which my pet requires treatment, I  
understand that payment is due at the time that services are rendered.

The pet sitter will:  
\_\_\_\_\_ Have a check to pay for services  
\_\_\_\_\_ Has permission to use the credit card  
that I have left on file at PVH

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

