



# The Dalles Veterinary Hospital

## Pet Sitter Form

Owner's Name: \_\_\_\_\_

Owner's Contact Info: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

Pet Sitter Name: \_\_\_\_\_

Pet Sitter Contact Info: \_\_\_\_\_

Instructions for emergency care as follows:

Pet name: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pet name: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pet name: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give the above named pet sitter(s) permission to take my pet to The Dalles Veterinary Hospital for treatment. In case of illness or injury, I give consent for the doctors of The Dalles Veterinary Hospital to treat, prescribe and/or perform surgery on my pet (s) as deemed necessary while under the care of my pet sitter.

If serious illness or emergency should occur, I give The Dalles Veterinary Hospital authority to administer emergency treatment prior to contacting me.

I understand that The Dalles Veterinary Hospital will try to contact me at the numbers above if an emergency arises. By signing this form I understand that I am responsible for all fees incurred.

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

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