



PETS AND VETS AS PARTNERS, PLLC
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Pet Sitting Consent Form

In the event that I, the owner, cannot be reached for consultation, I hereby give my pet-sitter(s) listed below responsibility to make decisions in my absence concerning the care and treatment of my pet(s). However, I may place some limitations on the extent of care performed.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The pet-sitter has my permission to seek treatment for my pet(s) in emergency situations only – non life-threatening conditions can wait until I return. I authorize veterinary care with fees not exceeding \$_____.

I will allow my pet(s) to be treated for non-life-threatening conditions and in emergency situations when Pets and Vets and Partners and the above pet-sitter deem it to be necessary.

I agree to this contract knowing that I will be financially responsible for any expenses incurred as a result of this treatment and care approved above. I understand that Pets and Vets and Partners will give my pet(s) the best care possible as requested by the above pet-sitter, and I release and hold harmless Pets and Vets as Partners from any liability concerning my pet's health.

Pets included under contract: All pets listed on my clinic account; Only pets listed below

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Effective Dates: _____ to _____

Owner Name & Phone Number: _____

Owner Signature: _____ **Date:** _____