

Pet Sitter Authorization Form

Pet Owner(s) _____

Pet Caretaker(s) _____

Pet Caretaker's contact number(s) _____

Expected dates of absence _____

Pet's name(s) _____

I, the owner of the above-named pet(s), authorize the above caretaker to seek medical care at the Animal Hospital of Warwick for my pet in the event that my pet should become ill and need medical treatment.

I agree to pay the fees for such professional veterinary services.

The phone number(s) where an agent, relative of mine, or I may be reached are:

Signature of Owner

Date

Signature of Caretaker

Date



Animal Hospital of Warwick, P.C.
2370 York Road A-1
Jamison, PA 18929
215-343-5300 Fax: 215-491-2307

