

Pet Sitting Consent Form

Pet Owner: _____
Address: _____
City, State, Zip: _____
Phone/e-mail: _____

The best way to reach me while I am out of town is:

Cell phone: _____
 Email: _____
 Skype: _____

Expected dates of absence: _____

Pet's name: _____

Pet Caretaker: _____

In my absence if I cannot be reached, I authorize the agent listed below to make medical decisions for my pet.

This agent will pay for veterinary services at the time they are performed with their own form of payment.

YES ___ No ___

I authorize my credit card to be used for payment: Yes No

Credit Card # _____ Exp. Date: _____ CCV: _____

I would like to keep my credit card on file until this date _____

I have pet insurance for my pet. YES No

If yes, a copy of the claim form is attached to this pet sitting consent.

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

Agent name: _____

Relationship: _____

Phone/e-mail: _____

Should an injury or illness occur to my pet that requires veterinary care during my absence, I authorize the caretaker to act as my agent in procuring essential veterinary medical care, not to exceed \$_____ (Recommended amount to be listed is \$3,000-\$5,000). I agree to pay the reasonable fees for such professional veterinary services as soon as possible after I return and, in the absence of gross negligence, will not hold the caretaker liable for injuries or illnesses suffered by my pet or any fees for veterinary services incurred on my behalf.

I authorize any veterinarian to furnish my pet with veterinary care and to provide the following medical services:

Yes No Veterinary exam, diagnostics and medications

Yes No General anesthesia

Yes No Minor surgery (such as lacerations)

Yes No Major surgery (such as bloat/twisted stomach, broken leg, spleen removal, foreign object removal from intestines)

I **have** _____ / **have not** _____ (check one) contacted my pet's local veterinarian and, therefore, he/she is **aware** _____ / **unaware** _____ (check one) that I will be absent and that the above caretaker may seek veterinary services in my absence.

The veterinary practice of my choice for any medical care is:

Cascade Summit Animal Hospital

22320 Salamo Road

West Linn, OR 97068

Phone: 503-655-1722

Hours: Mon-Fri 8:00AM-6:00PM

Sat 9:00AM-1:00PM

(after hours) Emergency Hospital of choice: (Choose One Hospital)

Emergency Veterinary Clinic of Tualatin

8250 SW Tonka St

Tualatin, OR 97062

Phone 503-691-7922

OPEN 24 HOURS

Cascade Veterinary Referral Center - Specialty & Emergency

11140 SW 68th Pkwy

Portland, OR 97223

Phone 503-684-1800

OPEN 24 HOURS

Dove Lewis - ER & ICU

1945 NW Pettygrove St

Portland, OR 97209

Phone 503-228-7281

OPEN 24 HOURS

In the event the attending veterinarian determines that my pet is incurably injured, or cannot be saved within the financial limit listed above and is suffering, I **give my consent** _____ / **do not give my consent** _____ (check one) for euthanasia. If my pet should die or is euthanized, I request that the body be retained until I return _____, be individually cremated _____, be communally cremated _____ (check one), and I agree to pay the fees for such service.

Signature of Owner

Date

Signature of Caretaker

Date