

Pet sitter Authorization Form



Northeast Veterinary Hospital
9505 35th Ave NE
Seattle, WA 98115
(206) 523-1900

Date: _____

To Whom It May Concern:

I _____ give my permission for _____ to seek medical attention for my pet(s) in my absence. Should services be needed, I will also take full responsibility for any charges related to our pets' care at your hospital. I am leaving on _____ and plan to return on _____.

Pet sitter names/numbers:

Below you will find a list of our family pets:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Here is a list of any specific wishes, instructions, or limitations on their care:

Signature: _____