

## Veterinary Authorization



Agape Pet Sitting  
952.373.1033  
agapepetsitting.com

### Client Contact Information:

Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am currently out of town or otherwise unable to be physically responsible for my pets' health and well-being. In the event of an emergency, I authorize Agape Pet Sitting or an agent on their behalf to transport any of my pets for care to:

Name of **Primary** Vet/Clinic or

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone#: \_\_\_\_\_

**\*\* \_\_\_\_\_ (initial)** I have called and/or contacted my primary vet and given them verbal and/or written permission to give my pets' medical records to Agape Pet Sitting or send them to any animal emergency hospital as needed.

I understand that if my primary vet is not currently open or available to assist with an emergency, my pets will be taken to the closest animal emergency hospital. I prefer the following emergency hospital if time allows:

Name of **Emergency** Vet/Clinic or

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone#: \_\_\_\_\_

**\*\*\*** I give my consent for the emergency veterinary hospital to send medical records for any of my pets to my primary vet/clinic or hospital.

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

The following instructions are for both my Primary Vet and my Emergency Vet:

In the event of illness or injury (please initial all that apply):

\_\_\_\_\_ Please notify me immediately; before seeking medical attention for my pets. I am aware that a delay may result in a worsening of pets' condition and even lead to the death of my pets.

\_\_\_\_\_ Please call me immediately and do whatever is necessary to keep my pets alive and comfortable until I can be contacted and/or take over care.

\_\_\_\_\_ I authorize any and all emergency treatment, up to a maximum of \$ \_\_\_\_\_ total for all my pets (recommend \$1,000 minimum) to keep my pets alive and comfortable.

\_\_\_\_\_ I do not authorize euthanasia without my direct consent.

Pets included in this Veterinary Authorization:

Pet's Name	Species	Age	Sex	Prior health conditions	Any medications

\_\_\_\_\_ (initial) I will assume full financial responsibility for all veterinary services rendered according to my specifications included in this Veterinary Authorization, regardless of where my pets received treatment. Furthermore, I will not hold Agape Pet Sitting or any designated agents responsible for any additional pet related expenses, including any veterinary expenses, that may arise in my absence.

\_\_\_\_\_ (initial) I have pet insurance with Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ for the following pets: \_\_\_\_\_

and I have left a blank claim form with Agape Pet Sitting.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Sitter's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_