



Pet Sitter Authorization

I _____ hereby give permission to _____
to obtain any medical treatment necessary for my pet _____. I will accept
financial responsibility for any and all costs that are incurred and authorize those charges
to the credit card listed below.

Effective Dates: From: _____ To: _____

Signature: _____

Print Name: _____

Today's Date: _____

Credit Card #: _____

Exp. Date: _____