



A Trusting Friend

Pet/Ranch Sitting Service

Discovery Bay, Ca

Phone: 925.626.3827 Fax: 925.240.2909

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www.atrustingfriend.com

Permission To Treat Pet in Owners Absence

Every attempt will be made to contact the owner in an event of a medical emergency. If neither I, nor my alternative contact can be reached, I hereby authorize A Trusting Friend Pet/Ranch Sitting Service permission to have my pet evaluated and treated if necessary in the event he or she becomes ill or is injured during my absence. I agree to pay for any bills incurred during this time. This would include a transportation fee of \$20.00 for local and \$40.00 for out of the area veterinarian office visits.

Owner's Name: _____

Number I can be reached at: _____

Alternate Contact: _____ Phone: _____

Veterinarian: _____ Phone: _____

Address: _____ Website: _____

Maximum dollar amount authorized (if any): _____

Any Special instructions/comments regarding euthanasia: _____

Pets:	Date of Birth:
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

Any important information concerning your pet? (temperament, health concerns) _____

Does your pet have any known allergies? _____

Pet Owner's Signature: _____ Date: _____

