

- In the event of an emergency I, _____ , authorize Critter Sitter to transport any of my pets for care to:

Vet office: _____ Phone: _____

Address: _____

Should specific veterinarian be unavailable for any reason or out of a reasonable traveling distance, Critter Sitter is authorized to take my pet(s) to an available veterinarian.

- I authorize Critter Sitter by my signature below to seek emergency medical care whenever necessary with release from all liability related to transportation, treatment, and expense. Critter Sitter is authorized to approve medical treatment as stated on this document (excluding euthanasia) as recommended by veterinarian. I give Critter Sitter the authority to seek medical attention for my pet(s) if I am unable to be reached/notified prior to treatment.



- I authorize services/care/medications:

Unlimited

Up to a monetary limit of \$ _____ per pet, not to exceed a total of \$ _____



- I agree to notify Critter Sitter of any signs of injury or possible illness before any visit or as soon as the condition appears.

- **I will assume full responsibility for payment of all veterinary services and pay within 3 days of return.**



Client
Signature: _____

Date: _____

 Key Release



I authorize Debbie Weiland of Critter Sitter to use my house key(s) during the time she will be caring for my pets. If Critter Sitter does not keep my keys on file after the first two series of visits, there will be a \$7 charge to pick up and return the keys to me each time.



Please choose and sign your choice:

____ Please **RETURN** my keys to me after I return home.

Signature: _____

Date: _____

____ Please **KEEP** my keys for future visits until further notice.

Signature: _____

Date: _____

