

**Salazar Road Veterinary Clinic  
Pet Sitter Consent Form**

I \_\_\_\_\_ will be out of town from  
*(Owner's name)*

\_\_\_\_\_ to \_\_\_\_\_  
*(Date)* *(Date)*

\_\_\_\_\_ will be watching my pet and has permission to sign for the  
*(Name of Pet Sitter)*  
treatment on my pet/pets.

**Please initial for the following form of emergency treatment**

\_\_\_\_\_ DO NOT treat my pet until I have been contacted.

\_\_\_\_\_ Please stabilize my pet and then contact me before treating further.

\_\_\_\_\_ Please use any means necessary, using the doctor's discretion, if I cannot be contacted.

*(Credit Card on file required for this choice)*

If my pet becomes ill on a non-urgent nature, and I cannot be contacted, please treat it up to this dollar amount \$\_\_\_\_\_.

A Credit Card on file is recommended to ensure payment of accounts. Please speak with receptionist to do so. **DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS PAPER. If a Credit Card is not on file at our clinic we may refuse treatment until the owner is contacted.**

\_\_\_\_\_  
*(Owner's Primary Phone Number)*

\_\_\_\_\_  
*(Owner's Secondary Phone Number)*

I expect Salazar Road Veterinary Clinic to use reasonable care and judgment in performing the procedure(s). I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

**If your pet is to be anesthetized, advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examination.**

\_\_\_\_\_  
*(Owner's signature)*

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Owner's Printed Name)*

**For clinic use only:**

Is there a Credit Card on file? \_\_\_\_\_ Yes \_\_\_\_\_ No

Staff Initials: \_\_\_\_\_