

Vet Information

Veterinary Clinic: _____ Ph #: _____

My preferred Veterinarian: _____

Address of Clinic: _____

City: _____ State: _____ Zip: _____

Directions to Clinic: _____

Animal Care: If your pet gets sick or passes on, I will call you or your emergency person and the vet you requested. If I cannot get hold of your vet, you or your emergency person, I have the doctors at Crestview Animal Hospital on retainer for emergencies night or day. My *emergency rate* is \$40.00 an hour plus the vet's fees.

Medication Information:

Is your pet on medication? Y N

If yes, please describe: _____

Medical History: _____

Vaccinations Information: Y N Date of Vaccinations: _____

Prescriptions: _____

Dosages: _____

Times for Medics to be given: _____ AM _____ Midday _____ PM

Other: _____

Special Instructions: _____

This is to inform you that at I have engaged the services of *Pet Watch Professional Pet Sitting Service* to care for my pet(s). This arrangement is ongoing throughout the year. Should my pet(s) require medical attention while under the care of my pet sitter, I authorize you to extend treatment. I will be responsible for the payment of your veterinary services.

Pet Owners Signature: _____ Date: _____