



**Tails of the Heart Pet Sitting Services LLC  
Veterinary Authorization Form**

**OWNER** Full Name(s):

Address:

Phone Number(s):

Pet Emergency/Guardian Contact Name and Telephone:

**PET #1 Name:**

Breed, Weight, Age:

Medical conditions/medication:

**PET #2 Name:**

Breed, Weight, Age:

Medical conditions/medication:

**PET #3 Name:**

Breed, Weight, Age:

Medical conditions/medication:

If any of the pets named above becomes ill or is injured, I authorize **Brenda L. Spicuzza, Tails of the Heart Pet Sitting Services LLC**, take the pet(s) to:

**VETERINARY OFFICE NAME:**

Address:

Telephone:

**ALTERNATIVE VETERINARY OFFICE or EMERGENCY CLINIC NAME:**

Address:

Telephone:

Pet Insurance Company Name:

Pet Insurance Policy Number:

I hereby authorize the attending veterinarian at the veterinarian office(s) listed above to treat any of my pets as listed above and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

Brenda L. Spicuzza, Tails of the Heart Pet Sitting Services LLC, (Sitter) is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request “on-site” treatment if deemed necessary. If I cannot be reached in case of an emergency, the Pet Sitter shall act on my behalf to authorize any treatment excluding euthanasia.

I give permission to approve treatment up to:

\$

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

The parties acknowledge and agree that this Veterinary Authorization Form may be executed or signed by electronic signature, including facsimile signature, via email, or by way of PDF format, and which shall be of the same legal effect, validity, or enforceability, as a manually executed signature or the use of a paper-based recordkeeping system. All parties agree to promptly re-execute a copy of this Veterinary Authorization Form with manual hand-written original signatures, if requested to do so by either party.

This Veterinary Authorization Form is valid until the Owner informs in writing to Brenda Spicuzza, Tails of the Heart Pet Sitting Services LLC that the Owner revokes this Authorization.

Owner(s) Signature:

Date: