



Client ID _____

4020 NE 55th Seattle, WA
206-528-1980

Pet Care Giver Authorization Form

I, _____, hereby grant _____ of
(your full name) (full name of authorized agent)

(address or affiliated company of authorized agent)

at phone number(s): _____

full permission to authorize hospitalization and appropriate treatment for my pet(s)

on my behalf during the following time period(s):

to

I understand that I will be held fully responsible for all charges authorized by the above-said person. The following payment arrangements have been made:

- Care giver will pay all fees and I will re-imburse them on my return
- I have left a credit balance on account at Hawthorne Hills Veterinary Hospital to be used in the event my pet requires medical care while I am away
- I have purchased an HHVH gift card, which my pet sitter will have, and may be used for any services required at Hawthorne Hills Veterinary Hospital

While I am away, if needed, you may try to contact me at:

Phone Number

Email Address

Signature

Date