

Small Animal Sitters San Jose
Vet Information and Consent for Treatment

Owner Name: _____ Phone _____

Pet(s) Name: _____ Date: _____

Veterinarian/Clinic: _____ Phone: _____

Emergency Veterinarian/Clinic: _____ Phone: _____

Small Animal Sitters San Jose, in a non-emergency situation, will attempt to contact and inform the owner prior to seeking medical attention. In the event of a medical emergency or when no contact can be made, Small Animal Sitters San Jose, at its sole discretion, may enlist the services of a licensed veterinarian for treatment and thereafter attempt contact with owner. Furthermore, all expenses incurred from this treatment will be the sole responsibility of the owner.

Owner Signature: _____ Date: _____

I, _____, give permission for Lara Levy to care for my pet(s) in my absence. She has my permission to transport them to and from your clinic and to treat and/ or make any decisions in regards to my pet in a matter that is best suited to my pet's condition. I state that I will be fully responsible for all fees and charges and will pay for all charges incurred on my pet's behalf.

Owner Name: _____

Owner Signature: _____

Date: _____