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## Geist Pet Sitting Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, while in our care, and we are unable to contact you at the time. Should you change veterinarians please notify Geist Pet Sitting before service dates. A copy will be sent to the primary veterinarian listed below to be retained in the pets' medical file. **\*This form MUST be signed to authorize treatment.**

Pet Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Other: \_\_\_\_\_

**To whom it may concern:** During my absence a representative of Geist Pet Sitting will be caring for my pet(s). I give Geist Pet Sitting my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached I authorize Geist Pet Sitting to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s).

Pet Name & Description	Maximum Amount - <b>OR</b> - As Needed
_____	\$ _____ <input type="checkbox"/>
_____	\$ _____ <input type="checkbox"/>
_____	\$ _____ <input type="checkbox"/>
_____	\$ _____ <input type="checkbox"/>
_____	\$ _____ <input type="checkbox"/>

Check here if additional pets are listed on the reverse side

If your pet becomes ill or injured, every attempt will be made to utilize your primary veterinary clinic listed below. In case of an emergency or if your veterinary clinic is unavailable, Geist Pet Sitting reserves the right to utilize the services of any available veterinary clinic.

Veterinary Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

After hours and weekends: (Emergency Clinic Name and Location)

I authorize veterinary treatment my pet(s) during my absence. I understand that Geist Pet Sitting assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I have made advance arrangements with your office to pay all charges and fees that are incurred on my behalf, immediately upon my return.

\*Signed \_\_\_\_\_ Date \_\_\_\_\_