



Prince George Veterinary Hospital
 3827 18th Avenue
 Prince George, BC
 V2N 1B1
 Phone: (250) 563-1541
 Fax: (250) 563-1715



Pet Sitter Authorization

Date: _____

Client name: _____ File #: _____

Pets' name(s): : _____

I give my pet-sitter (named below) **authorization to make decisions** regarding the medical services my pet(s) may require while I am away from _____ to _____.

Please ensure my pet(s) receive the appropriate medical care to a maximum cost of \$_____.

My method of payment will be: Visa / Mastercard / Amex (please circle card of choice)

Card # _____ Expiry date: ____/____

 Name of Pet-sitter and Phone Number

 Owner's Signature