

Come Sit Stay and Play Pet Care  
Contact: Charlotte Myers  
Phone: 206-734-7717  
Email: [charlotte@comesitstayandplay.com](mailto:charlotte@comesitstayandplay.com)

## Consent and Authorization for Veterinary Care

Pet Name \_\_\_\_\_ Breed(s) \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

### Owner's Info:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Email \_\_\_\_\_ Main Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Email \_\_\_\_\_ Main Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Veterinarian Info:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In the event of an emergency Come Sit Stay and Play will always first try to contact the pet owner. In the event of an emergency, and if I am not available, Come Sit Stay and Play have my permission to transport my pet to \_\_\_\_\_ (veterinarian).

If this veterinarian is not available, I authorize Come Sit Stay and Play to transport my pet to a veterinarian of choice and authorize treatment of said pet.

I give permission to provide treatment up to \$ \_\_\_\_\_.

I hereby relieve the veterinarian and Come Sit Stay and Play for any responsibility for injury and/or death of my pet which may have been prevented by care beyond the financial limit I have authorized.

I assume full responsibility for payment upon my return for all services rendered to my pet at the request of Come Sit Stay and Play Pet Care

This agreement is valid when signed by the owner, until service is terminated.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner`s Printed Name\_\_\_\_\_

Owner`s Billing Address\_\_\_\_\_

Owner`s Primary Phone #\_(\_\_\_\_\_)\_\_\_\_\_Secondary Phone#\_(\_\_\_\_\_)\_\_\_\_\_

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