



## Veterinarian Notification

During my absence, a representative of our pet-sitting service will be caring for my animal(s) and has my permission to transport them to your office for treatment. I authorize you to treat my animal(s) and will be responsible for payment upon my return or will leave my credit card number below for you to charge.

Client \_\_\_\_\_ Date \_\_\_\_\_

Pets' Names

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ER Max \_\_\_\_\_

Credit card type \_\_\_\_\_

Credit card number \_\_\_\_\_ sec code \_\_\_\_\_

Expiration date \_\_\_\_\_

Client signature \_\_\_\_\_