Eden Pet Hospital
1920 Knox Street
Castro Valley, CA 94546
(510) 538-6350

PET SITTING CONSENT FORM

Pet Owner: _____
Address: _____
City, State, Zip: _____
Phone/fax: _____

Expected dates of absence: _____
Pet's name: _____

Pet Caretaker: _____
Address: _____
City, State, Zip: _____

I, the owner of the above-named pet, request that the above caretaker feed, exercise, groom, and provide routine care for my pet as per my oral or written instructions while I am away from home. The fee for this pet sitting service shall be $_____ per day, payable with a deposit of $_____ prior to the rendering of such service and payment of the remaining $_____ immediately upon my return. Should an injury or illness occur to my pet that requires veterinary care during my absence, I authorize the caretaker to act as my agent in procuring essential veterinary medical care, not to exceed $_____. I agree to pay the reasonable fees for such professional veterinary services as soon as possible after I return and, in the absence of gross negligence, will not hold the caretaker liable for injuries or illnesses suffered by my pet or any fees for veterinary services incurred on my behalf.

The address and phone number(s) where I, or my agent can be reached are:

Agent name:_____
Address: _____
Relationship: _____
Phone/fax: _____

I authorize any veterinarian to furnish my pet with veterinary care and to provide essential medical services without my consent. I **do**_____ / **do not** _____ (check one) authorize intensive medical efforts for my pet.

I **have** _____ / **have not** _____ (check one) contacted my pet's local veterinarian and, therefore, he/she is **aware** _____ / **unaware** _____ (check one) that I will be absent and that the above caretaker may seek veterinary services in my absence. The veterinary practice of my choice for any medical care is:

Veterinary practice: **Eden Pet Hospital**
Address: **1920 Knox St**
City, State, Zip: **Castro Valley, CA 94546**
Phone: **(510) 538-6350**

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured, I (check one) **give my consent** _____ / **do not give my consent** _____ for euthanasia. If my pet should die or is euthanized, I request that the body be retained until I return _____, be individually cremated _____, be communally cremated _____ (check one) and I agree to pay the fees for such service.

_____ _____ _____ _____
Signature of Owner Date Signature of Caretaker Date