

*It is recommended that you provide a copy of this form to your veterinarian for your pet's file. That will allow us to seek immediate treatment for your pet in the event of an emergency.*

Dear Dr. \_\_\_\_\_,

During my absence, Montgomery County Pet Sitters will be caring for my pet(s) and has my permission to transport them to your office for treatment.

I give permission to the veterinarian on duty and to Montgomery County Pet Sitters to approve treatment up to \$\_\_\_\_\_.

I will assume full responsibility upon my return for payment and/or reimbursement to Montgomery County Pet Sitters for veterinary services rendered. If the above named veterinarians are not available, another veterinarian is acceptable.

Please file this form with my records.

Thank you,

Pet Owner: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Pet Names: \_\_\_\_\_