



# Amber's Purrfect Pet Sitting, LLC

"We play while you're away!"

## Veterinary Consent

### Veterinarian

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Hours: \_\_\_\_\_

### Emergency Veterinarian (after hours):

Ocean State Veterinary Specialists  
1480 S County Trail  
East Greenwich, RI 02818  
(401) 886-6787  
\*Open 24 hours

If any of my animals become ill, Amber's Purrfect Pet Sitting, LLC is authorized to take them to my Veterinarian listed above to diagnose their condition. If it is after hours at my Veterinarian's office, Amber's Purrfect Pet Sitting, LLC will take my pet to Ocean State Veterinary Specialists in East Greenwich, RI. The veterinarian is to call me for authorization to treat. If I am unavailable and this is an emergency, the veterinarian is hereby authorized to treat the animal at his discretion.

The charges for any vet visit or treatment will be applied to my veterinary account. I authorize him/her to charge up to \$ \_\_\_\_\_ for treatment. In the event that the vet requires immediate payment, it may be charged to my credit card below:

Credit Card Type (Circle One): Visa / MasterCard / Discover / American Express

Name on the card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
CSC Code: \_\_\_\_\_

All animals must be up to date on their rabies vaccinations before Amber's Purrfect Pet Sitting can care for them. All of my animals are current on their rabies vaccinations.

Pet Owner: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_