



ISLAND TO ISLAND VETERINARY CLINIC

3528 Tongass Avenue
Ketchikan, Alaska 99901
(907) 225-7389

Pet Sitting & Boarding Consent Form

Pet Owner(s): _____

Address: _____ Phone: _____

Expected Dates of Absence: _____ Pet's Name: _____

Pet Caretaker: _____ Phone: _____

Address: _____

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. 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 for all professional veterinary services 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.

I am able to leave my credit card number on file for all services rendered:

Credit card number _____ exp. date _____ 3 digit security code _____

The address and phone number(s) where an agent, relative of mine or I may be reached are:

Name: _____

Address: _____

Relationship: _____ Phone: _____

I authorize the veterinarian to furnish my pet with veterinary care and to provide essential medical services without my consent. (check one)

I do authorize intensive medical efforts for my pet _____

I do not authorize intensive medical efforts for my pet _____

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured (check one) :

I give my consent for euthanasia _____ do not give my consent for euthanasia _____

If my pet should die or is euthanized, I request that the body be retained until (check one) :

I return _____ be individually cremated _____ be communally cremated _____

and I agree to pay the fees for such service.



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Signature of Owner

Date