



Prince George Veterinary Hospital

3827 18th Avenue

Prince George, BC

V2N 1B1

Phone: (250) 563-1541

Fax: (250) 563-1715



Date: _____

Client name(s): _____ Phone #'s: Cell: _____

Home: _____ Other: _____

Pets' name(s): _____

I give my pet-sitter (named below) **authorization to make decisions** regarding the medical services my pet(s) may require while I am away:

_____ to _____
(mm/dd/yy) (mm/dd/yy)

Please ensure my pet(s) receive the appropriate medical care to a maximum cost of \$_____.

My method of payment will be: Visa / Mastercard / Amex (please circle card of choice)

Card # _____ Expiry date: ____/____

CV (3 digit code on back of card): _____ Name on card: _____

Name of Pet-sitter and Phone Number

Owner's Signature