



# Prince George Veterinary Hospital

3827 18<sup>th</sup> Avenue

Prince George, BC

V2N 1B1

Phone: (250) 563-1541

Fax: (778) 309-7925



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): \_\_\_\_\_ Postal Code for card: \_\_\_\_\_

Name on card: \_\_\_\_\_

\_\_\_\_\_  
Name of Pet-sitter and Phone Number

\_\_\_\_\_  
Owner's Signature