



Kim's Kritter Care

The best care next to you!

Veterinarian Notification

During my absence, a representative of our pet-sitting service will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment upon my return.

Please file this notification with my records.

Pet Owner (Please Print)

Pet Owner Signature

Date

Pet Name (s)

Pet Name (s)

Pet Name (s)

Pet Name (s)

Pet Name (s)

Pet Name (s)

Pet Name (s)