



Pet Sitter Authorization

Owner Name: _____

Address: _____

Telephone: _____

Pet's Name(s): _____

I give my pet-sitter, _____, authorization to make decisions regarding any medical care necessary for my pet(s) while I am away from _____ to _____. I authorization payment, in form of a charge to my credit card, to the maximum cost of \$_____.

Credit Card: Visa / MasterCard / American Express

Credit Card Number: _____ Expiry Date: _____ Security Code _____

Name of Pet-Sitter: _____ Phone number: _____

Special instructions: _____

Your contact information while you're away: _____

Owner's signature: _____ Date: _____