

Hollywood Hill Animal Hospital  
17025 Wood-Red Rd NE, Woodinville, WA 98072  
425.486.8387

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## Pet Sitter Consent Form

For your peace of mind while you are away, please fill out the following form and return to Hollywood Hill Animal Hospital to keep in your chart in case of needed veterinary care. Please retain one copy for your caretaker's reference.

Pet Owner \_\_\_\_\_ Pet Caretaker \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone/fax \_\_\_\_\_ Phone/fax \_\_\_\_\_

Expected dates of absence \_\_\_\_\_ Pet's name(s) \_\_\_\_\_

In the event of illness or injury I authorize the following to make decisions about my pet care on my behalf:

- Veterinarian at Hollywood Hill Animal Hospital
- Other: \_\_\_\_\_

I authorize any veterinary care deemed necessary by the above named party up to:

- Unlimited \$ amount
- Set limit: \$ \_\_\_\_\_

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured, I **give my consent** \_\_\_\_\_ **do not give my consent** \_\_\_\_\_ (check one) for euthanasia. If my pet should die or is euthanized, I request that the body be retained until I return \_\_\_\_\_ be individually cremated \_\_\_\_\_ be communally cremated \_\_\_\_\_ (check one) and I agree to pay the fees for such services.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date