



# *Fluffy Paws Pet Sitting Inc.*

*PO Box 17632  
West Palm Beach, FL. 33416  
(561) 252-8846*

## **CARE AUTHORIZATION**

**Client's name:** \_\_\_\_\_

**Client's Address:** \_\_\_\_\_

**Client's phone number:** \_\_\_\_\_

**Veterinarian's name:** \_\_\_\_\_

**Address & Phone:** \_\_\_\_\_

### **Please initial statement(s) preference:**

\_\_\_\_\_ during my absence Fluffy Paws will be caring for my pet(s). Fluffy Paws has my permission to transport and treat as needed. I am aware that I am responsible for payment in full upon my immediate return home.

\_\_\_\_\_ I authorize \$\_\_\_\_\_ to be spent on the treatment of my pet(s).

\_\_\_\_\_ I prefer to be contacted before any treatment is to be issued. If unable to be reached, necessary medical treatments will be administered.

\_\_\_\_\_ I do not wish to seek any medical treatment for my pet(s).

In case of death of my pet, I wish \_\_\_\_\_ for the remains of my pet.

In case of death or personal injury to myself I wish for \_\_\_\_\_

to take custody of my pet. They can be reached at \_\_\_\_\_