



(760)727-5151
1680 S. Melrose Dr. Suite 104
Vista, California 92081

Paul R. Richieri, D.V.M., M.S.

Treatment Authorization Form
For Pet-sitter

Owner's Information:

Owner's Name: _____

Name and phone number of person to contact in case of emergency:

Name: _____ Contact Number: _____

Will be out of town from: _____ to: _____

Pet Sitter's Information:

Name: _____

Phone Number: _____

Address (if pet is staying with sitter): _____

Authorizations:

I allow _____ to bring _____ to Melrose Veterinary Hospital for treatments amounting up to \$ _____

- I wish to be contacted before any treatment is performed.
- There is no need to contact me for treatments costing *up to* the allotted amount.

In the unfortunate event of death, what are your preferences concerning aftercare?

- Circle of life cremation (ashes will be returned)
- Communal cremation (ashes will not be returned)
- Please hold until I return and I will pick up the body.

Payment methods:

- The pet-sitter will be paying for treatment
- Please charge my credit card for treatment up to allotted amount

Card # _____ Exp. _____

Owner's signature _____ Today's Date _____