



Pet Sitter Form

Pets Info

Names	Species / breed / color / markings	age

Feeding Routine:

Drinking Water: Faucet Filtered Bottled

Does any pets have ongoing medical conditions

Medication/Supplement Instructions:

Veterinarian to be contacted is : Lewis Animal Hospital Dr. Timothy Mason

419-476-9105 5104 Lewis Ave. Toledo OH 43612

Are vaccines current on all pets? yes no

After hours Contact: MedVet Toledo 419-473-0328

Or Animal Emergency of Toledo 419-708-5799

I authorize _____ to consent to any veterinary care needed in the case of illness/injury while in my absence. I authorize \$_____ for initial diagnosis / treatment for my pets. The medical care staff can reach me at :

() - _____ for further medical consent / treatment options.

Owner signature

Date