



## Pet Sitter Information Form

I, \_\_\_\_\_ (Owner's Name) give permission to  
\_\_\_\_\_  
\_\_\_\_\_ (Pet Sitter's Name) to bring my pet(s),  
\_\_\_\_\_  
\_\_\_\_\_ (Pet's Name), to Sunrise Animal Hospital for  
treatment in my absence. I will be gone from \_\_\_\_\_ (Date) and will return on  
\_\_\_\_\_ (Date). Payment for services will be taken care of in my return.

In case of an emergency, I can be reached at: \_\_\_\_\_

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_