## Kreature Komforts

pet sitting for spoiled rotten fur kids 4720 NW 37th Place Gainesville, Florida 32606 352-317-7398































## **VETERINARIAN AUTHORIZATION**

PREFERRED VET:		PHONE:			
VET ADDRESS:		EMERGENCY PHONE:			
PET NAME / NAME	ES:				
During my various absences, <b>Kreature</b> them to and from your office, or request and I will be fully responsible for all fees you to give out any information about m	t "on site" treatment from y s and charges and will pay	your office as is o y for all charges i	leemed necessary. I authorize ncurred on my behalf upon my	you to treat my animal(s)	
Client Initials:					
URGEN	T VETERINARY 1	REATMEN	T AUTHORIZATION		
This form will be retained on file and will treatment during your absence and we Pet Sitting before service dates.					
Client Name:		Home Phone:			
Address:		Work Phone:			
City:	State:	Zip:	Cell:		
To Whom It May Concern: I have contracted for services from <b>Kre</b> Sitting to act on my behalf to request charges incurred in the treatment of my	veterinary treatment and				
Special Instructions:					
Kreature Komforts Pet Sitting res	erves the right to utilize	the services of	any available veterinary clin	ic.	
I authorize you to treat my animal(s) and my behalf, immediately upon my return.		e for all fees and	charges and will pay for all cha	arges that are incurred on	
CLIENT SIGNATURE	DATE	KREA	TURE KOMFORTS PET SITI	ING REPRESENTATIVE	
CLIENT'S DDINTED NAME		VDEA	TIIDE VAMEADTS DED'S DE	DINTED NAME	