



Aurora Animal
Care Center, Inc.

Aurora · Mantua · Streetsboro
(330) 562-5100 · AuroraVet.com

PERMISSION TO TREAT/PET SITTING CONSENT FORM

Pet Owner Information

Contact Name: _____ Primary
Phone #: _____

Pet's Name(s): _____ Email: _____

Address: _____

City: _____ Zip Code: _____

Expected Dates of Absence: _____

Address & Country of Temporary Stay: _____

Additional Phone Number(s) While Traveling: _____

Pet Sitter/Caretaker Information

Contact Name: _____ Phone #: _____

Address: _____ City: _____

Email: _____ Zip Code: _____

Additional Authorized Agents

I understand that payment is due upon service. I agree to pay the fees for such professional veterinary services as soon as possible after I return and, in the absence of gross negligence, will not hold the pet sitter liable for injuries or illnesses suffered by my pet(s) or any fees for veterinary services incurred on their behalf. The address and phone number(s) where a local authorized agent of mine such as a family member or friend may be reached are below. If no authorized agent besides yourself is to be listed, please initial the box below:



**There is no other authorized agent
of mine for healthcare decisions and
payment options for my pet(s).**

Contact Name: _____ Phone #: _____

Address: _____ City: _____

Email: _____ Zip Code: _____

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PERMISSION TO TREAT/PET SITTING CONSENT FORM CONTINUED

Medical Decisions for Pet(s) Listed Above

Please read the following carefully and **initial** in the space next to your choice.

Do you authorize intensive care efforts for your pet (s)?

- I do authorize I do NOT authorize

In the event that the attending veterinarian determines your pet is suffering and or is incurably injured, do you give your consent for humane euthanasia?

- I give my consent I do NOT give my consent for humane euthanasia. My pet must be transferred to an ER for further care by the Pet Sitter/Caretaker listed in this document.

If your pet should pass away or is humanely euthanized, what aftercare would you prefer for your pet(s)?

- I request the body to be retained until I return. I request the body to be individually cremated with ashes returned to myself. I understand there are additional fees for this service. I request the body to be communally cremated, meaning I will not get their ashes back. I understand there are additional fees for this service.

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PERMISSION TO TREAT/PET SITTING CONSENT FORM CONTINUED

Payment Details

I, the owner of the above-named pet(s), request that the above pet sitting caretaker feed, exercise, groom, and provide routine care for my pet(s) while i am away from home per my oral or written instructions. Should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I authorize the pet sitter to act as my agent in procuring veterinary care. We request that fees not exceed:

List amount in USD Here: _____

In case of an emergency and/or urgent care appointment, will the caretaker have access to payment options (i.e. credit/debit card, care credit, etc.) while you're away? If so, do they have your permission and authorization to pay for the services provided? **Please initial next to your choice below.**



The caretaker will have access to my payment options and has permission to pay for services



The caretaker will NOT have access to my payment options and must pay for services themselves before leaving. **If this choice is marked, both the owner and Pet Sitter/Caretaker must initial this document.**



Please Call the primary phone number on file to collect payment from me (owner) on the day of services rendered.

Owner Signature

By signing this form I, _____ (owner) of _____ (pet(s)) agree that all the above information located on pages 1 through 3 is true and correct to the best of my ability.

Print Name Here

Signature & Date

Pet Sitter/Caretaker Signature

By signing this form I, _____ (Pet Sitter/Caretaker) accept the responsibility of caring for _____ (pet(s)). I understand what is written in this document and will follow the owner's wishes for their pet(s) care.

Print Name Here

Signature & Date



Emergency Care Facilities

We recommend you call the hospital of your choice prior to your arrival. Patients at emergency hospitals are treated according to their injury not "first come first served"

Times listed are from Aurora Veterinary Clinic

VCA Great Lakes Veterinary Specialists

216-831-6789

4760 Richmond Road

Warrensville Heights, OH

24 min drive

Metropolitan Veterinary Hospital-Cleveland

440-673-3483

734 Alpha Drive

Highland Heights, OH

30 min drive

Metropolitan Veterinary Hospital-Akron

330-666-2976

1053 S. Cleveland Massillon Road

Akron, OH

40 min drive

MedVet Akron

330-665-4996

1321 Centerview Circle

Akron, OH

40 min drive

MedVet Cleveland West

216-362-6000

20400 Emerald Pkwy

Cleveland, OH

40 min drive