

While We Are Away...

Client & Patient Information:

Client Name:

Cell Phone:

Client Name:

Cell Phone:

Pet Name:

Pet Name:

Pet Name:

How & When to contact us while we are away:

Travel Dates:

Destination Phone Number:

Local Emergency Contact:

Phone Number:

Pet Sitter Name:

Phone Number:

- Yes | No My pet sitter can authorize treatment on my behalf
- Yes | No My emergency contact can authorize treatment on my behalf
- Yes | No I must be contacted by phone prior to any treatment
- Yes | No I will provide payment for services by phone
- Yes | No My pet sitter will provide payment at the point of service
- Yes | No My emergency contact will provide payment at the point of service

If Vista Pet Hospital staff believe your pet has an illness or injury that is greater than what we are able to treat, we reserve the right to refuse treatment and advise that your pet be treated at an emergency facility.

Owner Signature: _____