



CUMBERLAND ANIMAL CLINIC

6548 Shady Rest Road
Havana, FL 32333

PETSITTER/CARETAKER AUTHORIZATION

Owner's Name: _____

Pet's Name(s): _____

To Whom It May Concern:

I will be leaving my pet(s) with _____, our
Pet sitter(s) from:

_____ until _____
Date Date

I hereby give my permission to the person(s) listed below to bring my pet(s) to Cumberland Animal Clinic for any necessary treatment and/or medication in my absence. I also give Cumberland Animal Clinic permission to administer any necessary treatments and/or medication to my pet(s) and I will be responsible for any costs accrued.

Owner's Signature

Emergency Phone NUMEBR:

Date: