



# LEXINGTON AREA PET SITTING

Owner: Belvie Gilleland 336-237-9229

## VETERINARIAN AUTHORIZATION



During my absence, a representative of Lexington Area Pet Sitting will be caring for my animal(s) and has my permission to transport them to your office for treatment. I authorize you to treat my animal(s) and I will be fully responsible for payment upon my return.

I further authorize you to give out any information pertaining to my animal(s) to the representatives of Lexington Area Pet Sitting.

*Please file this card with my records.*

Animal(s) Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Animal Name(s)/ Breed(s): \_\_\_\_\_

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