

VET SPECIFICS SHEET:

Name of Primary Vet: _____ Phone: _____

Clinic Name: _____

Address: _____ 24 Hour (yes or no)? _____

24 Hour Vet Information:

Phone: _____ Address: _____

Vet's Name: _____

I _____ give the Ali's Angels Pet & House Care team permission to utilize a traveling vet in the event that they are unable to move or transport my pet(s). I agree that they may use the 24 hour emergency clinic of their choice and/or a traveling vet if the situation arises where my pets are in need immediate care.

I give Ali's Angels Pet & House Care team permission to administer Pet First Aid and CPR and to administer Benadryl per recommended dose by pet weight if my pet(s) shows signs of serious allergic reaction. I will not hold them liable for any results or injuries thereof.

Signature: X _____

Medication Allergies by Pet Name:

Policy on pet illness:

Ali's Angels will monitor pets for any behavior out of the ordinary of what is described to us on the pet data sheet.

If pet is acting odd, we will use our best judgment in care, contacting you, when necessary and if we are able to reach you.

If pet is obviously sick, clearly vomiting, in pain, very lethargic, and/or showing signs of obvious illness, we will automatically take your pet to the vet. We will always try to contact you if we must take a pet to the vet.

Instructions to follow other than our pet illness policy: _____

IS THERE A DOLLAR AMOUNT WE SHOULD NEVER EXCEED FOR EMERGENCY & NON-EMERGENCY CARE:

Total Dollar Limit Per Incident \$ _____

This is to inform the vet's office that Ali's Angels Pet & House Care to care are caring for my pet(s). Should any of my pet(s) require medical attention while under the care of my pet sitter, I authorize you to render services and treatment and will be responsible for the payment of all veterinary services.

X _____
Signature of authorized pet owner

Name(s) of Pet(s)

1. _____ Breed _____ 3. _____ Breed _____
2. _____ Breed _____ 4. _____ Breed _____