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"Professional and personal service for you and your pets"

Date _____ Client Name(s) _____
Client Account # _____

HOUSESITTER AUTHORIZATION

Pet Name(s) _____
Best phone number to reach me _____ Alternate phone _____
Dates I will be out of town _____

Please list the names and contact phone numbers for anyone you authorize to care for your pets – *this includes making medical decisions in your absence if you are unavailable by phone.*

Name(s)	Phone Number(s)
_____	_____
_____	_____
_____	_____

Optional: If you would like to leave a credit card number (Visa, MasterCard, or CareCredit) with us to cover charges incurred during your absence, please fill in the information below.

Name on card (account holder) _____
Account holder contact phone _____

If the account holder is not the person associated with the SWVH client account, a staff member must verify credit card authorization by phone with the account holder.

Card Number _____
Exp. date _____ Billing ZIP code _____

If I am unreachable by phone (please initial your preference):

- _____ Treat as necessary at the discretion of the doctor; I will be financially responsible.
- _____ Treat my pet(s), but do not exceed \$ _____ without my consent.
- _____ Do not treat my pet(s) without my consent.

I am the account holder, or an authorized representative of the account holder, for this Visa, MasterCard, or CareCredit card (if applicable). I hereby authorize Southwest Veterinary Hospital to treat my pet(s) as directed while I am away. I understand SWVH will make all efforts to contact me.

Signature: _____ SWVH Witness: _____

