

960 W. Moana Lane, Suite #102
Reno, Nevada 89509
(775) 825-7984
www.swvhreno.com



Erin Rasmusson, DVM
Christina Martini, DVM
Carrie Schroeder, DVM

"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 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. I am aware that this form will be shredded once the dates I am out of town have passed.

Signature: _____ SWVH Witness: _____

