



Arden Animal Hospital
1823 Fulton Avenue
Sacramento, CA 95825
(916) 485-5412
www.ardenanimalhospital.com

_____ has been contracted to care for my pet in my absence and has my permission to place my pet in your care in case of an emergency. I understand that attempts to contact me will be made as soon as medical care is deemed necessary, however, in the event that I cannot be reached immediately, I ask _____ to inform the attending clinic or veterinarian of my requested total diagnosis and my treatment limit of \$_____ per pet. I trust that the efforts will be made to contact me regarding any treatments, illness, injury or potential problems as soon as the condition is deemed not life threatening or as soon as I become available.

I understand that _____ cannot be held responsible for the costs or results of the veterinary treatment or the loss of my pet and I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including, but not limited to: diagnosis, treatment, grooming, medical supplies and boarding.

Pet's Name: _____

Pet's Name: _____

Description: _____

Description: _____

Age: _____

Age: _____

Medical Conditions/Medications:

If any of the pets named above becomes ill, injured, or appears to be at significant risk of a medical problem, I request that _____ take the pet(s) to:

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Or For 24 Hour Care

Sacramento Veterinary Referral Center
9801 Old Winery Place
Sacramento, CA 95827
(916) 362-311

If neither of the veterinary offices named above is available, I authorize _____ to take my pet(s) to another veterinary office for treatment.

This agreement is valid beginning on the dates: _____

Emergency Contact Name/Numbers:

Signature of Owner: _____

Signature of Pet Sitter: _____