



483 Wythe Creek Road
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Business Hours:
Monday-Friday 7am-6pm
Saturday 8am-12pm
Sunday CLOSED

Jean B. Eddy, D.V.M. Russell K. Bailey, D.V.M.
Brittany B. Ashworth, D.V.M.

Treatment Authorization Form
for Petsitter/Family Member

I, _____, give permission for _____
(family member/neighbor/petsitter) to authorize medical treatment for my pet/s while
they are in their care for the following dates:

I will leave an emergency contact number with the pet caretaker and make arrangements
for payment with the staff of Poquoson Veterinary Hospital at the time of filling out this
form.

Emergency Contact Numbers: _____

In the event of an emergency in my absence in which my pet requires treatment, I
understand that payment is due at the time that services are rendered.

The petsitter will:
_____ Have a check to pay for services
_____ Has permission to use the credit card
that I have left on file at PVH

Signature: _____

Date: _____