



PET-SITTER & PAYMENT AUTHORIZATION FORM

Owner Name(s): _____

Home Address: _____

Contact Number(s): _____

I authorize (care taker name): _____

to bring my pet(s) to Four Paws Veterinary Center for treatment and to charge the following credit card for any services given.

This authorization is valid between the dates of _____

I understand this agreement and credit card information will be terminated 10 days after the above validation end date.

Credit Card Info:

Card Number: _____

Expiration: _____

Security Code (3 Digits on back): _____

Billing address (if different from above):

Special instructions if pet owner is not reachable to consult with:

Signed: _____ Date: _____