



Tri State Pet Care LLC

Your Contact Information

First Name: _____
 Last Name: _____
 Home #: _____
 Mobile #: _____
 Whose: _____ Do you Text? y/n
 Mobile #: _____
 Whose: _____ Do you Text? y/n
 Work #: _____
 Other #: _____
 E-mail: _____
 Address:(mailing and physical):

Your Pet Care Information

Vet Clinic: _____
 Vet Name: _____
 Location: _____
 main # _____
 Preferred Emergency Clinic:

 Other(Groomer,Supplies,Masseur,
 Acupuncturist):

 Emergency Contact: _____
 Home #: _____
 Mobile #: _____

Vet Emergency Authorization

I _____ authorize Tri State Pet Care LLC to transport my pet to the appropriate vet clinic (see above). If unavailable for decision _____ may make decisions in my place.
 I agree to reimburse Tri State House and Pet Sitting Service for any vet services rendered to not exceed in the amount of \$_____. Signature:_____.

List ANYONE who has access to your home(Name,contact info, and relationship):

List any service people who may visit your home, or can be contacted during an emergency:

