

TALK TO THE ANIMALS

PET SITTING

AUTHORIZATION FOR ADMISSION TO MY RESIDENCE

I hereby give my permission to TALK TO THE ANIMALS PET SITTING, Linda McMillen, to enter my residence in order to provide quality pet care for my animals _____ (pets names).

I agree to provide TALK TO THE ANIMALS PET SITTING, Linda McMillen, all information and materials necessary to provide said quality pet care.

CLIENT SIGNATURE: _____ EXECUTED ON: _____

CLIENT PRINTED NAME: _____

ADDRESS: _____

TELEPHONE: _____

AUTHORIZATION TO OBTAIN MEDICAL CARE FOR MY PETS

During my absence, I _____, hereby authorize TALK TO THE ANIMALS PET SITTING, LINDA MCMILLEN, to seek medical treatment for my animal(s) _____ (pet names). I will remain financially liable to pay all such medical expenses directly to the provider of the medical treatment.

CLIENT SIGNATURE: _____

EXECUTED ON: _____