



Vet Notification

Dear _____ :

This is to inform you that I have engaged the services of **Just Beclaws Petsitting Service**, to care for my pet(s) throughout the year or until otherwise notified.

Should my pet(s) require medical attention while under the care of **Just Beclaws Petsitting Service**, I authorize you to extend treatment. I will be responsible for the payment of your veterinary services.

Thank you for your assistance!

Pet Owner Name (*Print*)

Pet Owner Signature

Name(s) of Pet(s)



Instructions/ Comments: _____

_____ I have provided Just Beclaws with current vaccination records for my pets.

_____ I would like you to please fax Just Beclaws my pets current vaccination records to 407.654.8323. My signature is below:

Client Signature