Pet Care Agreement Authorization

Date: _____

To Whom It May Concern,

I, **[Your Name]**, residing at **[Your Address]**, hereby authorize **[Pet Care Provider's Name]** to provide overnight care for my pet(s) as outlined below:

Pet Information

Pet's Name: [Pet's Name]

Species: [Dog/Cat/etc.]

Breed: [Breed]

Age: [Age]

Medical Conditions: [List any medical conditions]

Special Instructions: [Any special care instructions]

Care Provider Information

Provider's Name: [Provider's Name]

Contact Information: [Provider's Contact Info]

Authorization

I understand that the care provider will take all necessary precautions to ensure my pet's safety and well-being. I authorize the provider to seek veterinary care in case of an emergency.

Signed,

[Your Signature]

[Your Printed Name]

[Your Contact Number]