



**CUMBERLAND
ANIMAL CLINIC**

**5902 Shady Rest Road
Havana, FL 32333**

PETSITTER/CARETAKER AUTHORIZATION

Owner's Name: _____

Pet's Name(s): _____

To Whom It May Concern:

I will be leaving my pet(s) with Pet sitter(s) from:

_____ until _____
Date Date

**I hereby give my permission to the person(s) listed below to bring my
pet(s) to Cumberland Animal Clinic for any necessary treatment and/or medication.**

Name Phone #

Name Phone #

**I also give Cumberland Animal Clinic permission to administer any necessary treatments
and/or medication to my pet(s) and I will be responsible for any costs involved for these
treatments and medications.**

Owner's Signature Date

Emergency Phone #