

Gail Leider, Owner  
549 D'Onofrio Dr. #1  
Madison, WI 53719



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**EMERGENCY VET CARE AUTHORIZATION FORM**  
(Used during normal veterinary business hours)

In the event of an emergency I, \_\_\_\_\_  
authorize Gail Leider of "Pet Buddies" Pet Sitting Service LLC to transport any  
and/or all of my pet(s) to:

Name of vet clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

I give permission for the vet clinic/doctor to administer whatever care and or  
medications necessary to treat my pet, with the exclusion of the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will assume full responsibility for payment of all veterinary services rendered.  
Client authorizes this release to be valid for future services preventing the need  
for additional signatures.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date