

Cats@Home, LLC Authorization to Obtain Medical Care

During my absence, I _____ (name of client), hereby authorize Cats@Home, LLC or their designated agent(s) to seek medical treatment for my cat(s) _____ [name of cat(s)].

Medical treatment will be sought at my veterinarian, _____ (name of vet) or a veterinarian chosen by the cat sitter.

I remain responsible for payment for all incurred medical expenses, whether directly to the care provider or to Cats@Home, LLC within five (5) days of the date on which such expenses are incurred or within three (3) days of my return if I return later than five days after the treatment.

Client Signature

Date