

- In the event of an emergency, I, _____, authorize the representative of Paws Awhile, LLC to transport any of my pets for care to:

Emergency Vet/Animal Hospital:

- Animal Emergency Clinic South; 9937 Big Bend (Big Bend & I-270)
- Other: _____ Phone: _____
Address: _____

- I give my permission for the hospital/clinic/doctor to administer whatever care and/or medications necessary to treat my pet(s), **with the exclusion of the following:**

- I authorize services/care/medications:

- Unlimited
- Up to a monetary limit of \$_____ per pet, not to exceed a total of \$_____.

- **I will assume full responsibility for payment of all veterinary services rendered.**

- **In the event that the above facility is not available, an alternate care provider may be used.**

- I also authorize this release to be valid for future services, thus preventing the need for additional signatures.

Client: _____ Date: _____

 **Key Release**

I authorize Eileen Bridge of Paws Awhile, LLC to use my house key(s) during the time she will be caring for my pets. If Paws Awhile, LLC does not keep my keys on file after the first two series of visits, there will be a \$3 charge to pick up and return the keys to me each time.

Please choose and sign your choice:

___ Please **RETURN** my keys to me
after I return home.
Signature: _____
Date: _____

___ Please **KEEP** my keys for future
visits until further notified.
Signature: _____
Date: _____



Pet Sitting in the Pet's Home • Paws Awhile, LLC

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