

Pet Sitter Authorization Form

Misawa Branch Veterinary Services
35th SVS/SVBV BLDG 1370
APO, AP 96319
Appointment Line: 226-4502
Fax: 226-4080
vet.clinic@misawa.af.mil

Pet Sitter Information

Name: _____

Home Phone: _____

Duty Phone: _____

Organization: _____

Pet Information

Pet's name: _____

Species: _____

Pet's name: _____

Species: _____

Owner Information while on TDY

Name: _____ SSN (last 4): _____

Phone: _____ Email: _____

I, _____ authorize the above individual to care for my pet(s) in my absence from _____ to _____. I also authorize the Misawa Branch Veterinary Services to provide any treatment deemed necessary by the veterinary staff. **Payment is due at time of services.**

Signature: _____

Date: _____