



**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