



VET NOTIFICATION FORM

Dear _____

This form is to inform you that I have engaged the services of Fido Unlimited Pet Services (**Elsa Duedo**) to care for my pet(s)

From _____ to _____

Care ongoing throughout the year.

Should my pet(s) require medical attention while under the care of Fido Unlimited, I authorize you to extend treatment *(excluding any treatments listed below). I will be responsible for the payment of your veterinary services.

Thank you!

Pet owner's signature

Print Name

* Exclusions of treatments

Name(s) of Pet(s)
