



PET MEDICAL EMERGENCY INFORMATION

Regular veterinarian (name and address):	Phone:
Emergency veterinary clinic (name and address):	Phone:
Neighbor or friend:	Phone:
We give you permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian, and we will be responsible for full payment of such care. YES    NO    CALL US FIRST	
Signature:	

HOME EMERGENCY INFORMATION

Here's information you'll need in case you notice a break-in, fire, gas odor, flood, or electrical problem when you arrive.	
Police:	<b>911</b>
Fire department:	Phone:
Our name and address:	Phone:
Nearest intersection:	
Gas company:	Phone:
Location of gas shut-off valve:	
Water company:	Phone:
Location of water shut-off valve:	
Electric company:	Phone:
Location of electrical breaker box:	
We give you permission to authorize emergency work if necessary to prevent damage, and we will be responsible for full payment of such work. YES    NO    CALL US FIRST	
Signature:	



PLEASE MAKE CHECKS OUT TO PAM HARRISON OR TAKE ADVANTAGE OF OUR BILLPAY AT [SNUGATHOMEPESTSITTING.COM](http://SNUGATHOMEPESTSITTING.COM)