



KT's Critter Sitters

Karen Margroff
3095 Sun Valley Dr
Sumter, SC 29154
(803) 983-6287

To the veterinarians at _____
(name of your veterinary clinic)

In my absence, I give Karen Margroff of KT's Critter Sitters total responsibility for the care of my pets listed as follows:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

To: Karen Margroff of KT's Critter Sitters
3095 Sun Valley Dr
Sumter, SC 29154
(803) 481-7828; (803) 983-6287

When I cannot be contacted immediately, this person will make all decisions regarding necessary treatment in the event of a medical emergency.

I wish no more than \$_____ to be spent on any one pet. I do not want treatment to proceed if there will be permanent disabilities such as:

(consider head injuries, loss of bowel or bladder control, loss of limb, blindness)

If any of my pets are diagnosed with a terminal condition and their quality of life is impaired, I am to be contacted at the following phone number: _____

Signed: _____ Date: _____

Name: _____

Address: _____

Contact Numbers: _____