

VETERINARY RELEASE FORM

Owner's Name	
Address	
Phone Number	
Work Number	

Pet 1 Name	
Description	
DOB	
Medications	
Microchip Number	

Pet 2 Name	
Description	
DOB	
Medications	
Microchip Number	

If any of the pets named above becomes ill or is injured, I request _____ take the pets to:

Veterinary Office Name	
Address	
Phone Number	
Medications	

Pet Insurance No	
Policy Company	

TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed above and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

The Pet Sitter is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, the pet sitter shall act on my behalf to authorize any treatment excluding euthanasia.

I give permission to approve treatment up to £1,000.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

Pet Sitter – Full Name	
Pet Sitter – Signature	
Pet Owner's Signature	
Date	