

Veterinary Release Form

Owner's full name and address and your pet's name(s):

Name and address of your veterinarian:

Your telephone number _____

Vet telephone number _____

TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed on this Veterinary Release form and I accept full responsibility for all fees and charges (limited to \$_____) 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 Sitter shall act on my behalf to authorize any treatment excluding euthanasia.

Pet Sitter's Full Name:

Wendy Sheahan with "Lots of Love Pet Care with Wendy"

Owner's Signature: _____

Date: _____