

Veterinary Release Form

Owner's Full Name _____

Physical Address _____

Phone Number 1 _____

Phone Number 2 _____

To Whom It May Concern

I hereby authorize the attending veterinarian to treat any of my pet(s) as listed on the Pet Information sheet and I accept full responsibility for all fees & charges incurred in the treatment of my pet(s). 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(s): Teresa A. Rasmussen, T's Pet Sitting Service

Owner's Veterinarian Address & Contact Info:

Veterinarian's Name _____

Vet's Business Name _____

Address: _____

Phone #: _____

After Hours Phone#: _____

Owner's Signature: _____

Date: _____