

Veterinary Release Form

Owner's Name:

Owner's Address:

Telephone Numbers:

Vet's Name and Address:

To Whom It May Concern:

I hereby authorize the veterinarian to treat any of my pets as listed on the Pet Information Sheet and I fully accept responsibility for all fees and charges incurred in the treatment of my pets.

The Pet Sitter is authorized to transport my pets to and from the veterinary facility for treatment or to request on-site treatment. If I cannot be reached in case of an emergency, The Sitter shall act on my behalf to authorize any treatment, including euthanasia.

Pet Sitter's Name: _____ Date: _____

Owner's Signature: _____ Date: _____