

My Favorite Pet Sitter

Veterinary Instructions and Release Form

Pet's Name:
Description:
Age:
Medical conditions/medication:

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Description:
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If any of the pets named above or on the attached sheet becomes ill or is injured, I request that My Favorite Pet Sitter take the pets to:

Veterinary Office Name:
Address:
Phone Number:

Alternate Veterinary Office Name:
Address:
Phone Number:

I give permission to My Favorite Pet Sitter to approve treatment up to \$_____.

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

If neither of the veterinary offices named above is available or is farther than the pet's condition will allow for travel, I authorize My Favorite Pet Sitter to take my pets to another veterinary office for treatment. I understand that My Favorite Pet Sitter cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below whenever My Favorite Pet Sitter cares for my pets:

Owner's Signature: _____ **Date:** _____

Owner's Name (please print): _____