

Sit! Stay! While You're Away.
Veterinary Release Form

Owner's Full Names: _____
Identity / Last 4 Digits of Primary Phone # _____
Physical Address: _____
Telephone Number 1 _____
Telephone Number 2 _____

TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed on the Pet Information sheet 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 Sitter shall act on my behalf to authorize any treatment excluding euthanasia.

Pet Sitter's Full Name(s): Melissa Walters
Identity: Owner/Operator-Sit! Stay! While You're Away

Owner's Signature: _____ Date: _____