

**VETERINARY INSTRUCTIONS AND
RELEASE FORM**

Pet's Name:

Description:

Age:

Medical conditions/medication:

Pet's Name

Description:

Age:

Medical conditions/medication:

If any of the pets named above becomes ill or is injured, I request that petsitter take the pets to:

Veterinary Office Name:

Address:

Phone Number:

Alternate Veterinary Office Name:

Address:

Phone Number:

I give permission to petsitter 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, I authorize petsitter to take my pet/s to another veterinary office for treatment. I understand that petsitter 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 petsitter cares for my pets:

Owner's Signature: _____ Date: _____

Owner's Name (please print): _____