

Veterinary Release Form

Owners' Full Names: _____

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 (limited to \$_____) 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 Sitters' Full Names: _____

Owner's Signature: _____

Date: _____

****Please sign through time to pet****

YOU ARE AGREEING ON TIME TO PET THAT YOU WILL PROVIDE THIS DOCUMENT TO MADDIE FOR YOUR PETS MEDICAL / VET RECORDS. SO PLEASE PRINT OR DOWNLOAD THIS DOCUMENT FILL IT OUT AND EMAIL IT TO MADDIE@MADPETLOVERZ.COM

MADDIE WILL DOWNLOAD AND UPLOAD THIS DOCUMENT TO TIME TO PET FOR FUTURE REFERENCE.