|  |  |
| --- | --- |
| Veterinary Release | **Mile High Pet Sitters, LLC**  **51 Washington Street**  **Denver, CO 80203**  **1-855-PET-5280**  **www.milehighpetsitters.com** |

# Customer

Name

Address

Telephone Mobile

Email

# Emergency Contact

Should we not be able to contact you, please list a person who can make a decision concerning your pet in your absence. This could mean a decision regarding medical treatment such as emergency or euthanasia. Please ensure your named person knows that you have nominated them.

Name

Relationship

Telephone Mobile

# Pet 1

Name

Breed Colour

Age Gender

Neutered Microchipped

Insurance Company Policy No

Medical conditions

# Pet 2

Name

Breed Colour

Age Gender

Neutered Microchipped

Insurance Company Policy No

Medical conditions

# Vet

Name

Address

Telephone

# Agreement

* I give you, the attending vet, permission to treat my pets.
* I accept full responsibility for all fees and charges incurred by the vet.
* I agree to pay and/or reimburse veterinary fees immediately on my return.
* I give you, the pet sitter, my permission to approve treatment up to £ .

I AGREE / DO NOT AGREE for a vet to euthanise my pet in extreme circumstances after all reasonable attempts have been made to reach me or my emergency contact.

In the event of my pet’s death, I would like my pet CREMATED / KEPT AT VETS / OTHER (please specify)

This authority is valid for this and future bookings unless withdrawn in writing.

Signature

Print Name

Date