🐾 Animals Great and Small

Professional loving care for your pets and home while you're away

Veterinary Release Form

This form authorises Animals Great and Small to seek veterinary care for your animal(s) on your behalf while they are under my care. Please read carefully and complete all sections.

👫 Owner Information

- Full name: _____
- Address: _____
- Phone: _____
- Email: _____

🐶 Animal Information

- Name: _____
- Species/Breed: _____
- Date of Birth/Age: _____
- Microchip number (if applicable): _____

🩺 Veterinary Practice Information

- Practice name: _____
- Address: _____
- Phone number: _____
- Usual vet's name (if known): _____

📜 Veterinary Treatment Authorisation

I authorise **Animals Great and Small** (and its representative sitter) to seek veterinary attention and treatment for the above animal(s) in the event of illness, injury, or emergency while they are under their care.

I understand and agree that:

- I remain **fully responsible for all veterinary costs** incurred during my absence.
- I will ensure appropriate arrangements for payment are in place (e.g. payment card on file with the veterinary practice or availability to provide payment directly).
- The sitter is **not required to pay any veterinary fees upfront** and will not be held financially liable for any costs.
- The sitter will make all reasonable efforts to contact me before authorising treatment, **unless delay would put the animal's welfare at risk or cause unnecessary suffering.**

💳 Payment Arrangements

Please tick all that apply:

- ☐ Payment details are already on file with my veterinary practice.
- ☐ I will be available by phone to authorise payments.
- ☐ I have made other arrangements (please specify):

  _____

Optional: I authorise treatment costs up to £_____ without prior contact if I am unreachable.
(Leave blank if you prefer to be contacted before *any* treatment is authorised.)

🐾 Pet Insurance Details (if applicable)

- Insurance provider: _____
- Policy number: _____
- Policyholder name: _____
- Contact number for claims: _____

☐ I authorise the sitter to provide these details to my veterinary practice if needed for treatment or claims.

✍️ Signatures

Owner:
I confirm that I am the legal owner/guardian of the above animal(s) and that the information provided is correct. I have read and understood the terms of this agreement.

Signature: _____

Name (print): _____

Date: _____

Sitter (Animals Great and Small):
I agree to act in accordance with the terms above and to prioritise the welfare of the animal(s) in my care.

Signature: _____

Name (print): _____

Date: _____

🔒 Privacy & Data Statement

All information provided on this form will be kept strictly confidential and used solely for the purpose of arranging veterinary treatment for your animal(s). It will not be shared with any third party without your permission.

📞 Contact Details:

Sara - Animals Great and Small
07843051606
enquiries@animalsgreatandsmall.co.uk
animalsgreatandsmall.co.uk