

## Veterinary Instructions and Release Form

Owner's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Telephone: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_  
Description: \_\_\_\_\_  
Age: \_\_\_\_\_  
Medical conditions/medication: \_\_\_\_\_

If any of the pets named above becomes ill or is injured, I request that my pet sitter ***Ashley Abel*** take the pets to:

Veterinary Office Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Alternate Veterinary Office Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

***Ashley Abel*** is released from all liability related to any prior medical condition my pet(s) had/has that would cause him/her to get easily injured or ill.

I give permission to my pet sitter ***Ashley Abel*** to transport my pet(s) to and from the veterinary clinic to seek treatment for any of my pets as listed above and to approve treatment for fees and charges up to \$ \_\_\_\_\_. I give permission for the veterinarian to administer care and/or medications.

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 my pet sitter to take my pet/s to another veterinary office for treatment. I understand that pet sitter 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 my pe sitter *Ashley Abel* cares for my pets:

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner's Name (please print): \_\_\_\_\_