

# VETERINARY RELEASE FORM

Owner's Name	
Address	
Phone Number	
Work Number	

Pet 1 Name	
Description	
DOB	
Medications	
Microchip Number	

Pet 2 Name	
Description	
DOB	
Medications	
Microchip Number	

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

Veterinary Office Name	
Address	
Phone Number	
Medications	

Pet Insurance No	
Policy Company	

## TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed above and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

The Dog Walker/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 walker shall act on my behalf to authorize any treatment excluding euthanasia.

I give permission to approve treatment up to £1,000.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

Dog walker/Pet Sitter – Full Name	
Dog walker/Pet Sitter – Signature	
Pet Owner's Signature	
Date	