

## Veterinary Care Release Form

**\*\*It is in most cases a requirement that you file consent with your veterinarian in advance that allows me to seek medical care in your absence\*\***

Client name:

Address:

Phone:

### Pet Information

Name:

Breed:

Color:

Name:

Breed:

Color:

Name:

Breed:

Color:

Name:

Breed:

Color:

### Primary Veterinary Information

Name of Clinic:

Address:

Phone number:

I, \_\_\_\_\_ (pet owner) hereby give Jennifer Webb or an alternate representative of Aint Kitten Pet Sittin my express permission to take my pet(s) to the above mentioned veterinarian (or to the closest open facility if the primary vet is not available). I give permission for the veterinarian to administer any emergency care or medications necessary.

In the event that I cannot be reached, I consent to the following:

Emergency Surgery: Yes\_\_No\_\_

Resuscitation: Yes\_\_No\_\_

Sedation: Yes\_\_No\_\_

Kennel for observation: Yes\_\_No\_\_

X-rays: Yes\_\_No\_\_

I will assume full responsibility for the payment for any and all veterinary services provided.

Signature:

Date: