



## Addendum D: Veterinarian Release

Owner's Full Names: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Pet(s) Name: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I hereby authorize the attending veterinarian to treat any of my pets as listed on the Client Intake Form and I accept full responsibility for all fees and charges (limited to \$\_\_\_\_\_ ) incurred in the treatment of any of my pets.

The 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 Pet Sitter shall act on my behalf to authorize any treatment, excluding euthanasia.

Pet Sitter's Full Name: A. Kristine "Kristy" Musall

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

Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_