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## VETERINARY AGREEMENT & RELEASE

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**Pet's Name:**

**Description:**

**Age:**

**Medical conditions/medication:**

**Pet's Name:**

**Description:**

**Age:**

**Medical conditions/medication:**

**Pet's Name**

**Description:**

**Age:**

**Medical conditions/medication:**

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*If any of the pets named above becomes ill or is injured, I request that **Dawg Gone It Pet Sitting Services** take the pets to:*

**Veterinary Office Name:**  
**Phone Number:**

**Alternate Veterinary Office Name:**  
**Phone Number:**

*I give permission to **Dawg Gone It Pet Sitting Services** to approve treatment up to \$ \_\_\_\_\_*

*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 **Dawg Gone It Pet Sitting Services** to take my pets to another veterinary office for treatment. I understand that **Dawg Gone It Pet Sitting Services** cannot be held responsible for the results of the veterinary treatment or the loss of my pet.*

*I certify that my dogs and/or cats are vaccinated for Rabies. I agree to keep my dogs and/or cats' Rabies vaccination up-to-date, while under the care of **Dawg Gone It Pet Sitting Services**, regardless of whether or not they go outside.*

*This agreement is valid starting on the date below whenever **Dawg Gone It Pet Sitting Services** cares for my pets:*

**Owner's Signature:**

**Date:**

Owner's Name (please print):