



VETERINARY CARE RELEASE

Pet's Name:

Description:

Age:

Medical conditions/medication:

Pet's Name:

Description:

Age:

Medical conditions/medication:

Pet's Name

Description:

Age:

Medical conditions/medication:

Medical conditions/medication:

*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):