VETERINARY RELEASE FORM

This purpose of this form is to authorize emergency veterinary treatment in the event that your pet(s) require medical attention during your absence. Please contact Sweet Tails Pet Sitting to inform us when your pets have any changes in health status or when you make any changes to your veterinary care provider so we can keep your information current. In case of an emergency we will attempt to contact you immediately.

**Primary veterinary hospital contact information**

Clinic address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Do you have pet health insurance? Yes / No

If yes provide company name, contact # and policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Holder Name, Number, Pin number, Company, Expiration and Charge Limit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sweet Tails Pet Sitting will make every effort to use your primary veterinary clinic. However, for the well being of your pet, if it is not practical to do so, we will reserve the right to utilize the services of any available emergency/vet clinic. Sweet Tails Pet Sitting will not be held responsible for the loss of any pet due to situation circumstances and is released from any and all liability related to transportation, treatment and medical expenses. Client accepts full responsibility for the payment and/or reimbursement for any and all services rendered including, but not limited to: diagnosis, x rays, treatments, cremation, boarding, vet care and medical supplies.

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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give Sweet Tails Pet Sitting permission to care for my pets and to act on my behalf in the event of an emergency and also to use the credit card stated above. I have read and understand the conditions stated above and agree to pay Sweet Tails Pet Sitting in full for pet transportation and any other expenses incurred, within 15 days of the initial incident.

**X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**