



VETERINARY RELEASE	Authorization to Take my Pet in for Treatment
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I, _____, owner(s) of _____

 _____ (name(s) of pet(s))

give Karen Emptage of Dog Duty, my pet sitting company, authorization to take my pet(s) in for treatment in order to sustain my pet(s) in the event of an emergency.

This authorization is valid from (date) _____ to
 (date) _____.

Signed: _____

Date: _____