

Veterinary Release Form

2166 Dally Trail
Covington, Georgia 30014
678-505-0006



Veterinary Release Form

Date:

Services Performed By:

FarmCare, LLC
2166 Dally Trail
Covington, Georgia 30014
678-505-0006

Services Performed For:

Owner's Full Names: _____

Identity / Social Security / Other Numbers (Specify) _____

Physical Address: _____

Telephone Number 1 _____

Telephone Number 2 _____

TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my animals as listed on the **Animal Information sheet** and I accept full responsibility for all fees and charges (limited to \$_____) incurred in the treatment of any of my pets.

The Farm Sitter is authorized to transport my animal(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 Sitter shall act on my behalf to authorize any treatment *excluding* euthanasia.

Pet Sitter's Full Names: _____

Identity / Social Security / Other Numbers (Specify) _____

Owner's Signature: _____

Date: _____