



**Leash on Life Pet Services**  
Dog Walking/Pet Sitting

**VETERINARY RELEASE**

Hospital & Vet's Name:

Address:

Phone:

**To the Hospital:**

Sharon Wester (pet sitter has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. Sharon will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees stated below incurred at the veterinary facility for which Sharon Wester has paid to the facility.

Pet Owner: \_\_\_\_\_

Address: \_\_\_\_\_

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

Pet(s); \_\_\_\_\_

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If neither of these veterinarians are available or if injuries are such that time is a factor, I give permission for Sharon Wester to take my pet(s) to the nearest animal hospital or emergency clinic.

2. I give permission for Sharon Wester to approve treatment up to \$\_\_\_\_\_

(\_\_\_ initial).

3. I understand that Sharon Wester assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

My pet(s) has/have the following health issues:

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Client \_\_\_\_\_ Date \_\_\_\_\_