



Veterinary Release

Vet Name:
Address:
Phone:

To the Veterinarian or Vet Hospital:

During my absence, a pet sitter will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment upon my return. I authorize up to \$_____. I **grant / do not grant** permission for treatment for all medical care until I speak to the veterinarian caring for my pet.

***NOTE: if you do not grant permission for **all** treatment, please specify what you **give / do not give** permission for:

Pet Owner:
Address:
Phone:
Pet(s) Names:

I, hereby give the pet sitter my express permission to transport my pet(s) in case of medical emergency to the above-mentioned veterinarian. Owner agrees to compensate pet sitter the rate of \$10.00 for transport.

If above named veterinarian is not available, another vet in his/her veterinary group **is / is not** acceptable. If emergency care is needed after regular veterinary office hours, my pet(s) **may / may not** be taken to the nearest Emergency Veterinary Clinic.

This consent for treatment has no expiration date unless otherwise noted. A photocopy/facsimile of the signed consent shall have the same force and effect as the Client/Pet Owner's original signature.

Client Date

Pet Sitter Date