

VETERINARY INSTRUCTIONS AND RELEASE FORM

Pet's Name:

Description:

DOB:

Medical conditions/medication:

Pet's Name

Description:

DOB:

Medical conditions/medication:

Pet's Name:

Description:

DOB:

Medical conditions/medication:

If any of the pets named above becomes ill or is injured, I request that Petsitter/Amy Stewart take the pets to:

Veterinary Office Name:

Address:

Phone Number:

Alternate Veterinary Office Name:

Address:

Phone Number:

I give permission to Petsitter/Amy Stewart to approve treatment up to \$_____ per pet. Client will assume full responsibility upon return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. If neither of the veterinary offices named above is available, I authorize Petsitter/Amy Stewart to take my pet(s) to another veterinary office for treatment. I understand that Petsitter/Amy Stewart cannot be held responsible for the results of the veterinary treatment or the loss of my pet when the Vet treatment is not due to the Pet Sitters negligence.

This agreement is valid starting on the date below whenever Petsitter/Amy Stewart cares for my pets.

Owner's Signature: _____ **Date:** _____

Owner's Name (please print): _____

Address: _____

_____ Phone: _____