

## Pet Sitting Veterinary Medical Care Release Form

In the event of a medical emergency I will attempt to contact you by phone. If I cannot contact you by phone, this form will allow me to provide care for your pet.

### My Information

Name: \_\_\_\_\_  
Significant Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Pet Information

Name: _____	Breed: _____	Color: _____
Name: _____	Breed: _____	Color: _____
Name: _____	Breed: _____	Color: _____
Name: _____	Breed: _____	Color: _____

### Primary Veterinary Information

Name of Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give  
\_\_\_\_\_ (pet sitter's name) my express permission to  
take my pet/s to the above-mentioned veterinarian (or to the closest open facility if the primary  
vet is not available). I give permission for the veterinarian to administer any care or medications  
necessary.

I will assume full responsibility for the payment for any and all veterinary services provided.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_