



~~~~ Veterinary Release ~~~~

**VETERINARIAN/HOSPITAL**

Hospital and Vet's Name: \_\_\_\_\_

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

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

**Emergency Care:** *\*Placing Credit Card on file at Vets office is recommended*

**To the Hospital:**

Deb's Purr-fect Pet Sitting, owner Debbie Brazil, 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. Deb's Purr-fect Pet Sitting 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 as stated below. **Please file this form with my records.**

Pet Owner(s): \_\_\_\_\_

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

Cell Phone(s): \_\_\_\_\_

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, I give permission for Deb's Purr-fect Pet Sitting to take my pet(s) to the nearest animal hospital or emergency clinic. ( \_\_\_\_ initial)
2. I give permission for Deb's Purr-fect Pet Sitting to approve treatment up to \$\_\_\_\_\_. ( \_\_\_\_ initial)
3. I understand that Deb's Purr-fect Pet Sitting assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.
4. Other conditions, if any: \_\_\_\_\_

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

\_\_\_\_\_

This consent for treatment has no expiration date unless otherwise noted.

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

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

\_\_\_\_\_  
Deb's Purr-fect Pet Sitting  
(Debbie Brazil) Date