

Athens Pet Sitter

Veterinary Release Form

Pets Name: \_\_\_\_\_ Description: \_\_\_\_\_

Age: \_\_\_\_\_ Medical Condition/Medications: \_\_\_\_\_

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Age: \_\_\_\_\_ Medical Condition/Medications: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Description: \_\_\_\_\_

Age: \_\_\_\_\_ Medical Condition/Medications: \_\_\_\_\_

If any of the above pets becomes ill or injured, I request that Athens Pet Sitter take the pet to:

Veterinary Office: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Alternate Veterinary Office: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I give permission to Athens Pet Sitter to approve treatment up to

\$ \_\_\_\_\_

I will assume full responsibility upon my return for payment of veterinary services up to the above stated amount. If neither of the above veterinary offices above is available, I authorize Athens Pet Sitter to take my pets to another veterinary office for treatment. I further understand that Athens Pet Sitter cannot be responsible for the outcome of veterinary services rendered or the loss of my pet.

This agreement is valid on the date below and all future events when Athens Pet Sitter cares for my pets.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_