



## **VETERINARY RELEASE FORM**

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, and we are unable to contact you at the time. It is recommended that you keep you provide your veterinarian your credit card number prior to departure (or on file). Should you change veterinarians please notify *Pawriffic Pet Sitting* before service dates.

Owner(s) Name:

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Address:

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Mailing Address:

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Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Phone Where You Can Be Reached: \_\_\_\_\_

**To whom it may concern:** During my absence a representative of *Pawriffic Pet Sitting* will be caring for my pet(s). I give *Pawriffic Pet Sitting* my permission to transport my pet(s) to my veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize *Pawriffic Pet Sitting* to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amount: \$\_\_\_\_\_

Specific limits on care:

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*Pawriffic Pet Sitting* reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Veterinarian Clinic:	
_____	
Address:	
_____	
Mailing Address:	
_____	
Phone: _____	Emergency Phone: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that *Pawriffic Pet Sitting* assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization.

Signature: _____	Date: _____
Printed Name: _____	
Signature: _____	Date: _____
Printed Name: _____	