

Club K-9 & Feline Pet Sitting

Veterinary Release Form

Veterinarian Clinic: _____

Veterinarian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

To Whom It May Concern:

During my absence a representative of Club K-9 & Feline Pet Sitting LLC has been contracted to care for my pet(s). I give Club K-9 & Feline Pet Sitting LLC my permission to transport my pet(s) to my veterinarian (or to another veterinarian clinic or hospital, if needed).

Club K-9 & Feline 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 veterinary treatment for my animal(s) during my absence. I understand that Club K-9 & Feline assumes no responsibility for the loss of my pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred in the treatment of my pet(s). **Please file this form with my records.**

Pet Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

Pet(s) Names: _____

If the above named veterinarian is not available, I agree that another vet in his/her practice may care for my Pet(s). If neither of these veterinarians are available, I give Club K-9 & Feline permission to take my pet(s) to the nearest animal hospital or emergency clinic.

Owner Signature: _____ Date: _____