

# Total Pet Care LLC

## Veterinary Release Form

Owner's Full Name/s: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Telephone Number 1 \_\_\_\_\_

Telephone Number 2 \_\_\_\_\_

Email Address \_\_\_\_\_

Client Vet Clinic Name: \_\_\_\_\_

Client Vet Clinic Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

### TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed on the Pet Information sheet and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

The Pet Sitter is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, the Sitter shall act on my behalf to authorize any treatment excluding euthanasia.

Pet Sitter's Full Names: Total Pet Care LLC

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

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