



VETERINARY RELEASE

Vet Name:	
Address:	
Phone:	

To the Veterinarian or Vet Hospital:

During my absence, a pet sitter will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment upon my return. I give permission to approve treatment for all medical care until I speak to the veterinarian caring for my pet.

Pet Owner:	
Address:	
Phone:	
Pet(s) Names:	

I, hereby give the pet sitter my express permission to transport my pet(s) in case of medical emergency to the above-mentioned veterinarian. Owner agrees to compensate pet sitter the rate of \$_____ for transport.

If above-named veterinarian is not available, another vet in his/her veterinary group **is/is not** acceptable. If emergency care is needed after regular veterinary office hours, my pet(s) **may/may not** be taken to the nearest Emergency Veterinary Clinic.

This consent for treatment has no expiration date unless otherwise noted. A photocopy/facsimile of the signed consent shall have the same force and effect as the Client/Pet Owner's original signature.

Client Date

Pet Sitter Date