

VETERINARY INSTRUCTIONS AND RELEASE FORM

Pet Name: _____

Description: _____

Age: _____

Medical conditions/medication:

Pet Name _____

Description: _____

Age: _____

Medical conditions/medication:

If any of the pets named above becomes ill or is injured, I request that fetch. Pet Sitting take the pets to;

Veterinary Office Name: _____

Address: _____

Phone Number: _____

I give permission to fetch. Pet Sitting to approve treatment up to \$_____.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorise fetch. Pet Sitting to take my pet/s to another veterinary office for treatment. I understand that fetch. Pet Sitting cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date of this document.

Owner's Signature: _____ Date: / /

