

Veterinary / Medical Care Release Form

Pet Sitting, Drop-Ins, Dog Walks, Pet Taxi

My (Pet Owner's) Information

Name: _____ S/O: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Primary Veterinary Information

Name of Clinic: _____ Veterinarian's Name: _____

Address: _____

Phone Number: _____

I, _____ (Pet Owner) hereby give
 _____ (Pet Sitter) my express permission to take my
 pet/pets (page 2 out of 4) to the above-mentioned veterinarian (or to the closest open facility if the
 primary vet is not available). I give permission for the veterinarian to administer any care or medications
 necessary.

I will assume full responsibility for the payment for any and all veterinary services provided. _____
Initial

 Signature

 Name (Printed)

 Today's Date

Pet Information

Name	Type	Breed	Color	Age	Weight	Sex
1.						
2.						
3.						
4.						

Relevant Medical History:

1. _____
2. _____
3. _____
4. _____

Microchip Number (if applicable):

1. _____
2. _____
3. _____
4. _____

Allergies: _____

Medical Condition(s): _____