

Melissa's Dog Walking, LLC

VETERINARY RELEASE FORM

Veterinarian Name:

Address:

Phone #:

To the Veterinarian – Hospital

Melissa's Dog Walking, LLC has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. I will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below. Please file this form with my records.

Pet Owner:

Address:

Phone – email:

Pet(s):

1. If above-named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If neither of these veterinarians are available, I give permission for to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for to approve treatment up to \$_____. (Initial _____)
3. I understand that assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.
4. Other conditions, if any:
