



**Creatures Professional Pet Care, LLC**  
*Professional Pet Sitting for Domestic & Exotic Animals*  
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## Veterinary Release

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Phone #: \_\_\_\_\_

Who should we call if we are unable to reach you? (Please provide full name and phone number)

\_\_\_\_\_

Names of pets seen at this clinic: \_\_\_\_\_

Veterinary Clinic or Hospital (name, address, phone): \_\_\_\_\_

\_\_\_\_\_

Do you have a preferred veterinarian at this facility? If so, who? \_\_\_\_\_

Do you have a backup veterinary clinic/hospital if your regular veterinary clinic/hospital is not open or available? If so, who?

\_\_\_\_\_

Creatures Professional Pet Care, LLC has been contracted to pet sit for Client named in this service agreement and has Client's permission to place their pets in veterinary care in case of an emergency. Creatures Professional Pet Care, LLC will attempt to contact Client as soon as medical care is deemed necessary. However, in the event that Client cannot be reached immediately, Client authorize veterinarian to treat their pet(s) and will be responsible for payment of any fees. If above-named veterinarian is not available, Client agrees that another, backup veterinarian may care for Client's pets. If neither of these veterinarians are available, Client gives Creatures Professional Pet Care, LLC permission to take their pet(s) to the nearest animal hospital or emergency clinic. Creatures Professional Pet Care, LLC assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

Client signature \_\_\_\_\_ Date \_\_\_\_\_