

VETERINARIAN RELEASE
ABSENTEE OWNER FORM

Vet Name & Hospital: _____

Address: _____

Phone Numbers: _____

To the Hospital:

During my absence, a representative of Paws and Purrs Pet Sitting Service 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 to you upon my return.

To the Client:

It is the responsibility of the client to make prior arrangements with their vet to ensure that the vet is prepared to provide the authorized services upon the request of Paws and Purrs Pet Sitting Service.

Pet Owner: _____

Address: _____

Phone Numbers: _____

(Veterinarian/Hospital may require the following information. Most clients will provide a credit card number to the Veterinarian/Hospital if emergency care is required}

Pet/s name: _____

I, _____ (pet owner) hereby give Paws and Purrs Pet Sitting Service my express permission to transport any of my pets for care to the above mentioned veterinarian (or closest facility in event of emergency). I give permission for the hospital/clinic/doctor to administer whatever care/medications necessary to care for my pet(s), with the exclusion of the following:

Maximum amount to be spent on veterinary care: \$ _____ Initials of Owner: _____

Owner's signature

Paws and Purrs Pet Sitting Service

Signed on _____