



Pet Sitting Veterinary Medical Care Release Form

In the event of a medical emergency I will attempt to contact you by phone. If I cannot contact you by phone, this form will allow me to provide care for your pet.

My Information

Name: _____

Significant Other: _____

Address: _____

Home phone: _____ Cell phone: _____

Pet Information

Name: _____ Breed: _____ Color: _____

Name: _____ Breed: _____ Color: _____

Name: _____ Breed: _____ Color: _____

Name: _____ Breed: _____ Color: _____

Primary Veterinary Information

Name of Clinic: _____

Address: _____

Phone number: _____

I, _____ (pet owner) hereby give Jordan Flynn

(pet walker/sitter's name) my express permission to take my pet/s 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.

Signed: _____ Date: _____