VETERINARY RELEASE FORM

the Pet Sitter Solihull

PET INFORMATION

Customer Name: Pet Name:

Address: Postcode:

Contact Number:

Email:

Type of Animal:

VETERINARY INFORMATION

Name of Veterinary Surgeon:

Address of Practice:

Telephone Number:

Known Medical Conditions:

During my absence, **The Pet Sitter Solihull** will be caring for my pet(s). In the event of an emergency, I authorise you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, ..., give **The Pet Sitter Solihull** permission to transport my pet(s) to the above veterinarian and authorise treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorise **The Pet Sitter Solihull** to transport my pet(s) to a veterinarian of choice and authorise treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to **The Pet Sitter Solihull** to approve treatment up to £..... (input maximum £ amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree to authorise veterinarian to euthanise my pet in extreme circumstances after all reasonable attempts have been made to reach me or my emergency contact.

In the event of my pet's death, I would like the pet cremated / kept at vet / other:.....

I agree that **The Pet Sitter Solihull** is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Client Signature ..... **Date:**.....

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