

VETERINARIAN RELEASE

Original to: Cherished Ones

Copy to: Veterinarian

Client Name: _____

VETERINARY INFORMATION:

Veterinary office/clinic/hospital:

Name: _____ Vet: _____

Address: _____ Phone # _____

To Veterinary Office/Clinic/Hospital:

During my absence, a representative of Cherished Ones Pet Sitting will be caring for my pet(s) and has my permission to transport same to your facility for treatment. I authorize your staff to treat my pet(s) and will be responsible for payment to you upon my return.

I, _____, pet owner, hereby give Cherished Ones Pet Sitting my permission to transport my pet(s) for care to your facility (or to the closest facility in the event of an emergency). I give permission for the administration of whatever care/medications are necessary to care for my pet(s), with exclusion of the following:

Pet Owner Signature Date

Judy Kimbler Date
Cherished Ones Pet Sitting
(760) 431-7517