



## Pet Sitting Veterinary Medical Care Release

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

Names of pet owner(s): \_\_\_\_\_

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

Cell phone and contact name: \_\_\_\_\_

Other phone and contact name: \_\_\_\_\_

### Pet information:

Name	Breed	DOB or Age
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vet Clinic and Vet: \_\_\_\_\_

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

Phone: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give Everyday Helper – Kelly Sedlacek my express permission to take my pet(s) to the above-mentioned veterinarian or 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.

Signature of Pet Owner(s)

Date

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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