

VETERINARIAN RELEASE FORM

To: _____
(name of clients veterinarian clinic)

Address : _____

Phone : _____

In the event of illness of injury related to my pet(s), I hereby authorize PAWSOME PET COMPANIONS, as my pet sitter to bring my pet(s) in for whatever medical treatment may be required. PAWSOME PET COMPANIONS, will try everything to reach me prior to go to the vet.

I will assume full responsibility, upon my return, for payment of all services rendered. If my specific veterinarian (name above), is not available, or the emergency should happen after regular office hours, I further authorize PAWSOME PET COMPANIONS to take my pet(s) to

(name of client's 24 hours veterinarian clinic)

Address : _____

Phone : _____

or to the nearest emergency veterinarian clinic which can render assistance.

Signed: _____

Date : _____

Printed Name: _____

Address : _____

Pet(s) full name: _____

PAWSOME PET COMPANIONS

phone : 609-5602208

www.pawsomepetcompanions.com

pawsomepetcompanions@gmail.com