

PROFESSIONAL ANIMAL SITTING SERVICES, INC.

VETERINARY RELEASE FORM

In the event of an illness or injury to my pet Professional Animal Sitting Services, Inc. has my permission to take:

Pets Name: _____

To: _____

Every effort should be made to contact me or the person listed on my emergency contact card before any recommended treatment is approved. If the above listed veterinarian is not available another veterinarian at the same veterinary hospital is acceptable.

If emergency care is needed after regular veterinary hours or my veterinarian is unavailable for some unforeseen reason, my pet will be taken to the nearest veterinary facility. I agree that I accept full responsibility for payment of any veterinary services rendered. Professional Animal Sitting Services, Inc. or their representative is not responsible or liable for payment of any medical charges for my pet.

I approve treatment up to \$_____.

Owner Signature: _____

Printed: _____

Dated: _____