



## Veterinary Instructions and Release Form

Clients Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Veterinarian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Emergency Vet: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
Type: \_\_\_\_\_ Age \_\_\_\_\_  
Medical Info: \_\_\_\_\_  
Medication: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
Type: \_\_\_\_\_ Age \_\_\_\_\_  
Medical Info: \_\_\_\_\_  
Medication: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
Type: \_\_\_\_\_ Age \_\_\_\_\_  
Medical Info: \_\_\_\_\_  
Medication: \_\_\_\_\_

(list additional pets on back)

-If preferred vet is unavailable, I give **Critter Sitters LTD** authorization to seek another veterinary office for treatment. I will not hold **Critter Sittersn LTD** responsible for any treatment by veterinarian or loss of my pet.

-I will assume full responsibility for all payment and/or reimbursement rendered for all veterinarian services up to \$ \_\_\_\_\_

Owners Name (print) \_\_\_\_\_  
Owners Signature \_\_\_\_\_ Date \_\_\_\_\_