**Veterinary Release Form**

Owner's Full Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity / Social Security / Other Numbers (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO WHOM IT MAY CONCERN**

I hereby authorize the attending veterinarian to treat any of my pets as listed on the Pet Information sheet and I accept full responsibility for all fees and charges (limited to $\_\_\_\_\_\_\_\_\_\_\_\_) incurred in the treatment of any of my pets.

The Pet Sitter is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, the Sitter shall act on my behalf to authorize any treatment excluding euthanasia.

Pet Sitter's Full Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity / Social Security / Other Numbers (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- See more at: http://www.free-legal-document.com/veterinary-release-form.html#sthash.4wJqDicI.dpuf