



"Going Above & Beyond Your Expectations"

Veterinary Instructions and Release Form

Pet's Name:	
Description:	
Age:	
Medical Condition and Medications:	

*If any of the pet(s) named above becomes ill or is injured, I request that **Furry Friends Pet Care** take the pet(s) to:*

Veterinary Office:	
Address:	
Phone:	

*I give permission to **Furry Friends Pet Care** to approve treatment up to \$_____ without contacting me first. Upon contact, I will determine if further authorization/treatment is necessary.*

I will provide payment for veterinary services rendered up to the above stated amount. If additional treatment is necessary, I will provide payment for services rendered.

*If neither of the veterinary offices named above is available, I authorize **Furry Friends Pet Care** to take my pet(s) to the nearest emergency veterinary hospital for treatment. I understand that **Furry Friends Pet Care** can not be held responsible for the results of the veterinary treatment or the loss of my pet(s).*

*This agreement is valid starting on the date below whenever **Furry Friends Pet Care** cares for my pet(s):*

Owners Signature: _____ **Date:** _____

Owner's Name (please print) _____



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Permission to Administer Medications

My Signature below authorizes pet sitter, _____, to administer the following medication and/or prescribed treatments to my pet(s):

_____, _____, _____,
_____, _____, _____,

For the period of _____ through _____.

Directions for administration of medications/treatments have been provided and I have notified my veterinarian, acknowledged below, that my pet sitter will be administering this medication and/or treatments in my absence with my complete authorization.

Client Signature _____ Date _____

Veterinarian Signature _____ Date _____

RX Notes and Instructions:
