



Veterinary Release

VETERINARIAN

Hospital and Vet's Name: _____

Address: _____

Phone: _____

To the Hospital:

Big Dogs Pet Sitting, LLC has been contracted to pet sit for my pet(s)

_____ and has my permission to place them in your care in case of an emergency. Abigail or one of her business partners will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below.

Pet Owner: _____

Address: _____

Phone: _____

Pet(s): _____

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If neither of these veterinarians are available, I give permission for Abigail or her business partners to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for Abigail Durrant to approve treatment up to \$_____. (_____ initial)
In case you can't contact me or my emergency contact listed on my contract with Abigail
3. I understand that Abigail assumes no responsibility for the loss of any pet and is released from all liability related to treatment. I also agree to be responsible for all special services assessed by Big Dogs Pet Sitting, LLC for emergency transportation, care, or supervision and will pay such fees when I return from vacation.
4. Other conditions, if any: _____

My pet(s) has/have the following health issues:

This consent for treatment has no expiration date and grants permission for future veterinary care without the need for additional authorization each time Big Dogs Pet Sitting, LLC cares for one or more of my pets unless otherwise noted. PRINT 2 COPIES OF THIS FORM (one for your vet to have on file and one for Abi's records)

Client Date

Big Dogs Pet Sitting, LLC Date