



VETERINARY RELEASE

Hospital & Vet's Name:

Phone #: (____)____-____ Address:

To the Hospital:

Sheila Heavey (pet sitter) has been contracted to pet sit for my pet(s) and has my permission to place them in her care in case of an emergency. She 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 stated below incurred at the veterinary facility for which Sheila Heavey has paid to the facility.

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 or if injuries are such that time is a factor, I give permission for Sheila Heavey to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for Sheila Heavey to approve treatment up to \$_____ (\$__ initial).
3. I understand that Sheila Heavey assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.
My pet(s) has/have the following health issues:

Client Signature: _____

Date: _____