



Bartram Trail
Veterinary Hospital

Pet Sitter / Veterinary Release

_____ 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. You are able to contact my pet-sitter at the following phone numbers:

He/She understands that proper identification will be required to ensure my pet's safety. The pet-sitter will attempt to contact me immediately; however, if I am unavailable, I authorize him/her to sign for any treatment for my pet(s) and I will be responsible for payment of any fees as stated below.

Pet Owner

Address

Owner's Phone Number(s)

Pet(s)

Important health conditions of your pet(s)

If the hospital is not open or is unavailable for any reason, I give permission for the pet sitter to take my pet(s) to the nearest animal hospital or emergency clinic. I give permission for the pet sitter to approve treatment and sign accordingly as the pet's temporary guardian.

I authorize treatment fees up to \$_____. (_____ Initial)

Other financial conditions, if any:

This consent for treatment has no expiration date unless otherwise noted.

Owner signature

Date