

## Veterinary Release Form

Owner/Client's Full Name: \_\_\_\_\_

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

Telephone # 1 \_\_\_\_\_

Telephone # 2 \_\_\_\_\_

I authorize the attending veterinarian to treat any of my animals and livestock as listed on the Pet Information sheet and I accept full responsibility for all fees and charges incurred in the treatment of my animals/livestock.

The Reliable Horse and Pet Sitter is authorized to transport my animals/livestock to and from the veterinary clinic/hospital for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of emergency, The Reliable Horse and Pet Sitter shall act on my behalf to authorize any treatment *excluding* euthanasia.

The Reliable Horse and Pet Sitter's Name(s): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Client's Preferred Veterinarian Name & Phone Number: \_\_\_\_\_

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