

Veterinary Release Form

Owner's Full Name: _____

Telephone Number 1: _____

Telephone Number 2: _____

Pet Information

Name: _____

Signalment:

_____ , DOB: _____
Spayed/Neutered Sex Species Color Breed

Current Medications & Dosing Instructions:

Diet (Brand/Product Line): _____

Feeding Instructions:

TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat my pet as listed above and I accept full responsibility for all fees and charges incurred in the treatment of my pet. The Pet Sitter is authorized to transport my pet to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, the Sitter shall act on my behalf to authorize any treatment. If I am unable to be reached to discuss treatment options and fees, I authorize all treatment costs with limits as specified below while continued attempts to contact me are made:

\$_____.

Costs necessary for emergency stabilization only

No Limit

Pet Sitter's Full Name: _____

Primary Veterinary Office: Van Stavern Small Animal Hospital - (979) 693-8870

Emergency Veterinary Office: Texas A&M Small Animal Hospital - (979) 845-2351

Owner's Signature:

Date: _____

Other Information
