



VETERINARIAN RELEASE FORM

During my absence, a representative of At Home Pet Sitting will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment upon my return. Please file this notification with my records.

Veterinarian Info

Name: _____

Phone Number: _____

Address: _____

Pet Name(s) & Breed(s):

1. _____

2. _____

3. _____

Pet Owner

Name (Please print): _____

Date: _____

Veterinarian and Residential Release and Authorization

I, _____ authorize At Home Pet Sitting to care for my pet and residence while I am away. I also authorize At Home Pet Sitting to take my animals to Advanced Critical Care 24 hour Hospital or my own veterinarian should my dog or cat need medical assistance.

At Home Pet Sitting has been provided access to my residence and is authorized to care for my pet and residence in the case of an emergency.

Owner Signature

Date