



Raleigh Pet Sitters

919-605-5133

www.RaleighPets.com

Veterinary Release

VETERINARIAN

Hospital and Vet's Name: _____

Address: _____

Phone: _____

Raleigh Pet Sitters (RPS) 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. RPS 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 as stated below.

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, I give permission for Raleigh Pet Sitters to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for RPS to approve treatment up to \$_____. (____ initial)
In case you can't contact me or my emergency contact listed on my contract with RPS.
3. I understand that RPS assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.
4. Other conditions, if any: _____

My pet(s) has/have the following health issues: _____

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

Client _____ Date _____

Client _____ Date _____

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