



47 Waibel Road
Port Deposit, MD 21904-1115



Ph: (443) 485 – 0765
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VETERINARIAN INFORMATION AND RELEASE

CLIENTS VET CONTACT INFORMATION

Name:		
Address:		
City:	State:	Zip:
Business Phone:	Fax:	

I, _____, (Client) give Kristy's Pet Sitting, LLC permission to transport my pet(s) to the above veterinarian in the event of an emergency or sickness.

If Client's veterinarian is not available, Client authorizes Kristy's Pet Sitting to transport my pet(s) to Highgrove Veterinary Hospital, 492 W Christine Rd, Nottingham, PA 19362. If emergency care is needed after regular office hours, my pet(s) may be taken to Animal Emergency Hospital, 807 Belair Road, Bel Air, MD 21014.

I give permission to provide treatment up to \$_____ (most common values are \$200, \$1000, or unlimited).

I agree that Kristy's Pet Sitting, LLC is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

I agree to authorize veterinarian to euthanize my pet in **extreme** circumstances after all reasonable attempts have been made to reach my emergency contact or me.

This agreement will remain valid for all visits unless a new one is signed.

To the Hospital:

Kristy's Pet Sitting, LLC has been contracted to pet sit for my pet(s) during my absence. Kristy's Pet Sitting, LLC will attempt to contact me as soon as medical care is deemed necessary. However, in the event I (Client) cannot be reached immediately, I authorize you (veterinarian) to treat my pet(s), and I (Client) will be fully responsible for payment of any fees as stated on this form. **Please file this form with my records.**

Signature: (Valid if typed)	
Printed Name:	Date:
Pet Owner's Address:	
Pet Owner's Phone Number:	

