



Veterinary Release Form

Owner's Full Names: _____

Identity / Social Security / Other Numbers (Specify) _____

Physical Address: _____

Telephone Number 1 _____

Telephone Number 2 _____

TO WHOM IT MAY CONCERN:

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

The Pet Walker/Sitter is authorized to transport my pet(s) 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 excluding euthanasia.

Pet Walker/Sitter's Full Names: _____

Identity / Social Security / Other Numbers (Specify) _____

Owner's Signature: _____

Date: _____

Questions? Contact The Puppy Prowl at puppyprowlinc@gmail.com or contact your personal caregiver.