

# Your House Pet Sitting

**530-334-0413**

diane@yourhousepetsitting.com

YourHousePetSitting.com

~~~~ Veterinary Release ~~~~

## VETERINARIAN

Hospital and Vet's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### To the Hospital:

Diane Hauser 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. Diane Hauser 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 incurred at the veterinary facility for which Diane Hauser has paid to the facility. **Please file this form with my records.**

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 Diane Hauser to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for Diane Hauser to approve treatment up to \$\_\_\_\_\_. ( \_\_\_\_\_ initial)
3. I understand that Diane Hauser 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 Diane Hauser Date