



Veterinary Release



www.LoveAndKissesPetSitting.net

704-763-9857

Please fill out and have available at our meet and greet!

Owner Name: _____

Phone Number: _____

Pet Names & Description: _____

Veterinary Office: _____

Address: _____

Phone Number: _____

Alternate Veterinary Office: _____

Address: _____

Phone Number: _____

(one of the above offices must be open 24 hours.)

I will assume full responsibility, upon my return, for payment for all veterinary services rendered. I have contacted the veterinarians listed above, and I am aware of their payment policies and have made arrangements with them so payment can be made in an emergency situation. If neither of the veterinary offices above is available, I authorize Love and Kisses Pet Sitting to take my pet/s to another veterinary office for treatment.

I understand that Love and Kisses Pet Sitting cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

I agree to take full responsibility for payment of all charges related to the care of my pet. Love and Kisses Pet Sitting is unable to provide payment of any kind for veterinary services or other care.

This agreement is valid starting on the date below and whenever Love and Kisses Pet Sitting cares for my pet/s.

Owners Signature: _____

Owners Name: _____

Date: _____