

Double H Pet Sitters

8 Wells Road
Stafford, VA 22556
540.659.7999

SCHEDULE D Veterinary Release

VETERINARIAN

Hospital and Vet's Name: _____

Address: _____

Phone: _____

To the Hospital:

Double H Pet Sitters (Business) has contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. Business 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 I will be responsible for payment of any fees as stated below. **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 business to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for business to approve treatment up to \$_____. (____ initial)
3. I understand that business 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

Business

Date