**Your Lucky Pet Sitter**

P.O. Box 1176, Lakewood, CA 90714

[**yourluckypetsitter@gmail.com**](mailto:yourluckypetsitter@gmail.com)[**www.yourluckypetsitter.com**](http://www.yourluckypetsitter.com)

**Veterinary Release**

**VETERINARIAN**

Hospital & Vet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

To the Hospital:

**Your Lucky Pet Sitter** 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. **Your Lucky Pet Sitter** 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. **Please file this form with my records.**

Pet Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pet(s). If neither of these veterinarians are available, I give permission for **Your Lucky Pet Sitter**  to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for **Your Lucky Pet Sitter** to approve treatment up to $\_\_\_\_\_\_\_ (initials\_\_\_\_\_\_)
3. I understand that **Your Lucky Pet Sitter** 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

Your Lucky Pet Sitter Date