

## Veterinary Release Form

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Owner's Full Names: \_\_\_\_\_

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

Telephone Number 1 \_\_\_\_\_

Telephone Number 2 \_\_\_\_\_

**Veterinary Clinic Name** \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

### 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 (limited to \$\_\_\_\_\_ ) incurred in the treatment of any of my pets.

The Pet 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 Sitter's Full Names:** \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

We highly recommend calling your veterinary office and inform them of Comfort Zone Sitters taking care of your pets and authorize Eric Levitt (owner) as a responsible agent/guardian on your account.