



# From Our Paws to Yours

## Pet Sitting Veterinary Medical Care Release Form

In the event of a medical emergency From Our Paws to Yours will attempt to contact you, the Owner, or your designated emergency contact by phone. If we cannot contact you by phone, this form will allow us the permission needed to provide care for your pet.

### Owner's Information

Name: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Emergency Contact's Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

### Primary Veterinary Information

Name of Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give  
\_\_\_\_\_ (pet sitter's name) my express permission to  
take my pet/s to the above-mentioned veterinarian (or to the closest open facility if the primary  
vet is not available). I give permission for the veterinarian to administer any care or medications  
necessary.

I will assume full responsibility for the payment for any and all veterinary services provided.

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