

Illawarra Pet Sitting

IN CASE OF EMERGENCY & VET RELEASE FORM

The following person(s) may take physical possession of my pet(s) in the event of an emergency,
or Provider's or Client's incapacity or death:

Primary Emergency Person:

Name(s): _____

Address: _____

Phone: _____

Email: _____

Backup Emergency Person:

Name(s): _____

Address: _____

Phone: _____

Email: _____

IN CASE OF PET EMERGENCY

If any of pets identified above becomes ill or is injured, I request Provider transport the pet(s) to:

Primary Veterinary Office Name: _____

Address: _____ Phone: _____

Alternate Veterinary Office Name: _____

Address: _____ Phone: _____

I give permission to Provider to approve treatment up to \$_____.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. I acknowledge that I will be responsible for payment of the extra time and transportation as needed to provide such services.

If neither of the veterinary offices named above is available, I authorise Provider to take/transport my pet(s) to a veterinary office of his or her choice. I understand that Provider is not responsible for the results of the veterinary treatment or the loss of my pet.

All known medical and behavioural history of my pet(s) has been disclosed to Provider. I further warrant that my pet(s) is/are current on all vaccinations.

Owner Signature: _____ Date: _____

Provider Signature: _____ Date: _____