**Vet Information and Release Form**

Name of Vet/Clinic: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text.Zip: Click here to enter text.

Phone: Click here to enter text.

This facility offers emergency service after regular hours: Y/N? Click here to enter text.

**Name of After Hours Facility, if different than above:**

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text.Zip: Click here to enter text.

Phone: Click here to enter text.

I understand that in the event of an emergency, Pet Sitting 4 Comfort will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize Pet Sitting 4 Comfort to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the vet clinic specified on the emergency form if the situation permits however; Pet Sitting 4 Comfort has the authority to seek treatment at any veterinary clinic.

Furthermore, I agree to reimburse Pet Sitting 4 Comfort within 14 days of incident for veterinary fees and all related costs including transportation in any amount up to

**⮽** $ Click here to enter text. **(please specify dollar amount per pet. Common amounts are $200, $1000, or unlimited).**

This release does not expire and will remain valid for all future Pet Sitting 4 Comfort services.

**⮽** Client signature: Click here to enter text. Date: Click here to enter text.

Printed Name: Click here to enter text.