

## Veterinary Release Form

TO: \_\_\_\_\_  
(Name of Veterinary Clinic)

In the event of illness or injury related to my pet(s),  
I hereby authorize Melissa L. Ordway, as my pet sitter, to bring my pet(s) in for  
whatever medical treatment may be required.

I will assume full responsibility upon my return for payment of all services  
rendered. If my specific veterinarian (named above) is not available for any reason,  
or the emergency should happen after regular office hours, I further authorize my  
pet sitter to take my pet(s) to the nearest emergency veterinary clinic which can  
render assistance.

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

Printed name: \_\_\_\_\_

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

Pet(s) names: \_\_\_\_\_

\_\_\_\_\_