

(2)

RELEASE FOR MEDICAL ATTENTION
PAWSITIVELY PETSITTING, LLC

Pet #1 Name/Description/Age: _____

Pet #2 Name/Description/Age: _____

Pet #3 Name/Description/Age: _____

Pet #4 Name/Description/Age: _____

If any of the above named pets become ill or is injured, I request that the Owner of Pawsitively Petsitting, Carole Hopkins, or an employee of Pawsitively Petsitting take the pet to:

Veterinarian Office Name: _____

Address: _____

Phone: _____

Owner approves treatment up to the amount of: \$ _____

By signing below, I assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above amount. ALL attempts will be made to contact the Pet Owner prior to any Emergency Veterinary Visit. Please leave a full and complete list of Emergency contacts during your absence.

Pawsitively Petsitting charges a fee of \$100 for Emergency Veterinary Care, such as transport to and from Hospital and time attended with Veterinary Staff.

If the veterinary office named above is unavailable, I authorize Pawsitively Petsitting to take my pet(s) to another veterinary office for treatment. I understand Pawsitively Petsitting cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below or whenever Pawsitively Petsitting cares for my pet.

Pet Owner Signature _____

Pet Owner Name (Please Print) _____

Date: _____