Newcastle Dog
(Dog Walking & Pet Sitting)
Emily@newcastledog.com
425.417.9935

Veterinarian Release

Owners Name	
Owner's Phone	Date

Veterinarian Information

Veterinarian: _____

Address: _____

Dr's Name:_____Phone: _____

Pet Information

Pet Name: _____ Cat / Dog M / F Breed _____

Pet Name: _____ Cat / Dog M / F Breed _____

Pet Name: _____ Cat / Dog M / F Breed _____

Pet Name: _____ Cat / Dog M / F Breed _____

Known medical conditions: _____

_____

_____

During my absence, Newcastle Dog Walking & Pet Sitting will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Newcastle Dog Walking & Pet Sitting permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Newcastle Dog Walking & Pet Sitting to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree that Newcastle Dog Walking & Pet Sitting is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

Payment Information: the Vet office will bill me unless I leave instructions otherwise.

Client's Signature_____ Date_____