



VETERINARIAN RELEASE FORM

TO: _____
(Name of client's veterinarian clinic)

In the event of illness or injury related to my pet(s), I hereby authorize Goldstein's Golden Touch Pet Nanny Services, 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, or the emergency should happen after regular office hours, I further authorize my pet sitter to take my pet(s) to the nearest emergency clinic which can render assistance.

Signed _____

Date _____

Printed Name _____

Address _____

Phone _____

Pet(s) full name(s)

