



Lead the way
Alton
07741858710

Veterinary Release Form

Owner name	
Address	
Land line	
Mobile	
Email	

Pet one	
Type	
Date of birth	

Pet two	
Type	
Date of birth	

Pet three	
Type	
Date of birth	

Pet four	
Type	
Date of birth	

I hereby authorize the attending veterinarian to treat any of my pets listed, and except full responsibility for all fees and charges (limited to £_____) incurred in the treatment of any of my pets.

The sitter is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, the sitter shall act on my behalf to authorize any treatment excluding euthanasia.

Pet sitters Name: Belinda Bunday – Lead the way Alton

Owner signature:

Date: