



While U R Out Pet Sitting ~~ Veterinary Release ~~



Veterinarian Information	After hours emergency clinic
Vet's Name:	Vet's Name:
Clinic Name:	Clinic Name:
Clinic Address:	Clinic Address:
Phone #:	Phone #:

To the Hospital:

While U R Out has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. While U R Out will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below. **Please file this form with my records.**

Pet Owner: _____

Address: _____

Phone #: _____

Pet (s): _____

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If neither of these veterinarians are available, I give permission for While U R Out to take my pet(s) to the nearest animal hospital or emergency clinic.

2. I give permission for While U R Out to approve treatment up to \$_____. (_____ initial)

3. I understand that While U R Out assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

4. The charges for any vet visit or treatment will be applied to my account if the veterinarian will do so. In the event that the vet requires immediate payment it may be charged to my credit card below:

Credit Card Type: Visa MasterCard Discover American Express

Name on Card: _____

Credit Card #: _____

Expiration Date: _____

This consent for treatment has no expiration date unless otherwise noted.

Client

Date

While U R Out

Date