

**We Let the Dogs Out  
Natalie Miller, Owner  
Veterinary Release Form**

Pet Name(s): \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Veterinary Office Information (Include office name address and phone):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTION #1:** In the event of a medical emergency, Client authorizes the Pet Sitter Service to act on behalf of the Client if the Service is unable to contact the Client directly, including the use of an alternate veterinarian if the primary veterinarian is unavailable. Client accepts responsibility for any additional fees or expenses incurred by the Service in responding to emergency care including, but not limited to, additional visits, transportation, housing, food, or supplies. This authorization will be transmitted to the veterinarian if treatment is required. Additionally, the Client waives and relinquishes any and all claims against the Service, its employees or assigns, regarding medical and emergency care except those arising from proven gross negligence.

I choose Option #1 as the course of action

**Option #2:** During a routine visit, if the Service feels the pet(s) is in a medical emergency, NO action should be taken until the Client is contacted, informed of the situation and allowed to make the decision on how to proceed. At no point should the Service exercise his/her own judgement during the medical emergency, only the Client can decide the course of action

I choose Option #2 as the course of action

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date