

# PET SITTING SERVICES

*Veterinarian Release*



Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Vet: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dear veterinarian, my dog(s) or cat(s) \_\_\_\_\_ will be in the care of Kozy Pawz Pet Sitting LLC while I'm away, and they have been given the go-ahead to bring my pet(s) to your office for scheduled appointments or in case of an emergency. I give you permission to care for my pet(s), and I agree to pay for it when I get back.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Client name (print)

\_\_\_\_\_  
Date

This form is good through calendar year \_\_\_\_\_. \_\_\_\_\_

Client signature