

Brett's Pets Pet Sitting Service

12820 Beech Wood Ct. Raleigh, NC 27614

(919) 621-1704

brettcwilliams@gmail.com www.brettspets.com

Veterinarian Release

Vet Name & Hospital: _____

Address: _____

Phone Numbers: _____

To the Hospital:

During my absence, a representative of **Brett's Pets Pet Sitting Service** will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return.

Please file this form with my records

Pet Owner: _____

Address: _____

Phone Numbers: _____

(Hospital may require the following information)

Method of payment: **Credit Card** _____ **Check** _____ **Cash** _____

Pet Names: _____

I, _____ (pet owner) hereby give **Brett's Pets Pet Sitting Service** my express permission to transport any of my pets for care to the above mentioned veterinarian (or to closest facility in event of emergency). I give permission for the hospital/clinic/doctor to administer whatever care/medications necessary to care for my pet(s), with the exclusion of the following:

Owner

date

Brett's Pets Sitter

date