Veterinary Release Authorization

I, _____, own _____. While _____ is caring for my pets, I authorize _____ to get them veterinary care if they become ill or injured.

1. Reaching me. The sitter will try to reach me first. If I can't be reached, the sitter may contact _____.

2. Where to go. My veterinarian is _____. If that clinic is closed or too far away in an emergency, the sitter may go to the nearest emergency veterinary hospital.

3. Spending limit. The clinic may treat my pet up to $_____ without reaching me. Above that, the sitter will keep trying to reach me or my emergency contact, unless waiting would put my pet's life at risk.

4. Costs. I am responsible for all veterinary costs, and I will repay the sitter for anything the sitter pays on my behalf.

5. Sharing this form. The sitter may give a copy of this form to the treating clinic.

Medical notes the clinic should know: _____

Signatures

Client signature: _____ Date: _____

Client name: _____

Sitter signature: _____ Date: _____

Sitter name and business: _____

This template is not legal advice. Check your state's rules.