



VETERINARY INSTRUCTIONS AND RELEASE FORM

Mid-Maryland Pet Sitting has been contracted to care for my pet(s) in my absence and has my permission to place them in your care in case of an emergency. I understand that attempts to contact me will be made as soon as medical care is deemed necessary; however, in the event that I cannot be reached immediately, I ask Mid-Maryland Pet Sitting to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per pet. I understand that John Robinson and Mid-Maryland Pet Sitting cannot be held responsible for the costs or results of the veterinary treatment or the loss of my pet, and I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies and boarding.

Pet's Name: _____

Description: _____ Age: _____

Medical conditions/medication:

Pet's Name: _____

Description: _____ Age: _____

Medical conditions/medication:

Pet's Name: _____

Description: _____ Age: _____

Medical conditions/medication:

If any of the pets named above becomes ill, injured, or appears to be at significant risk of a medical problem, I request that Mid-Maryland Pet Sitting take the pet(s) to:

Veterinary Office Name: _____

Address: _____ Phone Number: _____

or

Veterinary Office Name: _____

Address: _____ Phone Number: _____

_____ If neither veterinary office is available, I authorize Mid-Maryland Pet Sitting to take my pet(s) to another veterinary office for treatment.

This agreement is valid beginning on the date below and anytime thereafter when Mid-Maryland Pet Sitting cares for my pets.

Owner's Signature: _____

Owner's Name (please print): _____

Date: _____