
Veterinary Medical Release Form

COUNTRY ROADS PET SITTING
WWW.COUNTRYROADSPETSITTING.COM
609-894-0393

In the event of a medical emergency, where Country Roads Pet Sitting cannot contact you to authorize care immediately and directly, Country Roads will use this form to obtain care. It is recommended that you contact your veterinarian and inform them that we will be caring for your pets while you are away.

Please print clearly in blue or black ink

Name of Vet Hospital or Clinic: _____

Address: _____ Phone: _____

Name of Preferred Doctor: _____

I, _____ (pet parent) hereby give Country Roads Pet Sitting my permission to transport any of my pets for care to the above mentioned veterinarian or to the closest facility if the primary vet office is not available.

I understand the Country Roads will try to contact me as soon as possible in the event of a medical emergency. If Country Roads Pet Sitting cannot contact me, I give permission to CRPS to make medical treatment decision and approve charges up to \$_____ per pet (most common values are \$200, \$500 unlimited) I give permission for the hospital/doctor to administer any care or medications necessary for my pet.

I will assume full responsibility for the payment and or reimbursement for any and all veterinary services rendered, included but not limited to diagnosis, treatment, grooming, medical supplies and boarding. I also agree to be responsible for all fees assessed by CRPS for emergency transportation, care, supervision, or additional fees of emergency caregivers. Such fees will be made within 10 days of my return home.

LIST OF PETS NAMES:

Name/Description: _____

Name/Description: _____

Name/Description: _____

Name/Description: _____

If anything changes from what is listed above, I will inform Country Roads Pet Sitting before the next service is scheduled to begin.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Country Roads provides care for my pets. In signing this agreement, I agree that I have the authority to make health, medical and financial decisions regarding the pets listed above and scheduled to receive pet sitting service.

Owners Signature

Printed Name

Date