



house & pet watch  
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## Veterinary Release

Vets Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

To the Hospital:

House & Pet Watch has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. House & Pet Watch will attempt to contact me as soon as medical care is deemed necessary.

However, in the event I cannot be reached immediately, I authorise you to treat my pet(s) and will be responsible

for payment of any fees as stated below. **Please file this form with my records.**

Pet Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Pet(s): \_\_\_\_\_

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If neither of these veterinarians are available, I give permission for House & Pet Watch to take my pet(s) to the nearest animal hospital or emergency clinic.

2. I give permission for House & Pet Watch to approve treatment up to  
\$ \_\_\_\_\_. ( \_\_\_\_\_ initial)

Please debit my Credit card: Visa / Master Card (please circle)

Name on card

Card Number \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

3. I understand that House & Pet Watch assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

4. Other conditions, if any: \_\_\_\_\_

My pet(s) has/have the following health issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This consent for treatment has no expiration date unless otherwise noted.

Client \_\_\_\_\_ Date \_\_\_\_\_

Client \_\_\_\_\_ Date \_\_\_\_\_

House & Pet Watch \_\_\_\_\_ Date \_\_\_\_\_