

Veterinarian Release Form

Katie Collins (360) 510-8032, stella.sittingservice@gmail.com

Name of Vet/Clinic_____

Address_____

City_____ State_____ Zip_____

Phone_____

Does this facility offer emergency services after regular hours? Y / N

Name of After Hours Facility, if different than above_____

Address_____

City_____ State_____ Zip_____

Phone_____

I understand that in the event of an emergency, Stella's Sitting Service will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize Stella's Sitting Service to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the vet clinic specified on the emergency form if the situation permits, however, Stella's Sitting Service has the authority to seek treatment at any veterinary clinic.

Furthermore, I agree to reimburse Stella's Sitting Service within 14 days of incident for veterinary fees and all related costs including transportation in any amount up to \$_____ (please specify dollar amount per pet. Common amounts are \$200, \$1000, or unlimited).

This release does not expire and will remain valid for all future Stella's Sitting Services.

Client Signature_____ Date_____