



Pet Sitting Veterinary Medical Care Release Form

In the event of a medical emergency, I will attempt to contact you by phone. If I cannot contact you by phone, this form will allow me to provide care for your pet.

My Information

Name: _____

Significant Other: _____

Address: _____

Home phone: _____ Mobile phone: _____

Pet Information

Name: _____ Breed: _____ Colour: _____

Name: _____ Breed: _____ Colour: _____

Name: _____ Breed: _____ Colour: _____

Name: _____ Breed: _____ Colour: _____

Primary Veterinary Information

Name of Clinic: _____

Address: _____

Phone number: _____

I, _____ (pet owner) hereby give
_____ (pet sitter's name) my express permission to
take my pet/s to the above-mentioned veterinarian (or to the closest open facility if the primary
vet is not available). I give permission for the veterinarian to administer any care or medications
necessary.

I will assume full responsibility for the payment for any and all veterinary services provided.

Signed: _____ Date: _____

Terms and Conditions of reservation.

We do not anticipate that your precious pet will encounter any problems while being visited. However, we have to prepare for the unexpected so we do ask owners to consider what they would like us to do if their cat(s) needed veterinary attention.

In the case of any problems or if your cat(s) show signs of suspected illness, Precious Paws will contact you, or your representative if you are not available, (although please note all endeavours will be made to talk directly to you) to discuss what has happened and the best course of action.

By signing this form, you are agreeing to a veterinary surgeon being consulted if necessary, and the advice of the vet being taken in the best interests of your cat(s). You will be responsible for any veterinary fees incurred and the contract for veterinary attention will be between you and the veterinarian consulted.

I wish to book the agreed dates for my cat(s) to be visited Precious Paws. I have read the terms and conditions of booking and i abide by them.

I agree that in the case of suspected illness, a veterinary surgeon may be contacted, my cat examined, and investigations/treatment performed if required.

I agree to pay any veterinary fees or fees incurred by Precious Paws on my behalf if veterinary treatment is required.

I agree to the Precious Paws administering any prescribed treatments the vet considers advisable.

Unless explicitly requested otherwise, we may photograph and video your cats (s) for use on our Facebook page.

Cancellation of/and amendments to your reservation 5 working days of its commencement will require payment of the full reservation fees. In the event of the owner returning before the end of the booked period, the full period will still be charged.

Signing this form is to accept T&C's for this and future pet sits moving forward

Signed Date

Print Name