



## Pet Sitting & Vacation Care

### Release and Veterinarian Authorization for Treatment Form

This form will be retained on file and will be used to authorize veterinarian treatment in the event that your pet(s) require medical attention during your absence, and we are unable to contact you in a timely manner.

In the event that I can not be reached, I authorize Timothy and/or Maria Stone of Scoop Masters Pet Sitting Services, or authorized substitute in case of an emergency, to act as an agent on my behalf to request and approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. I understand that Scoop Masters Pet Sitting Services and authorized personnel can not be held responsible for the results of the veterinarian treatment and is released from all liability related to transportation, treatment and expense.

During my absence, Scoop Masters Pet Sitting Services will be caring for my pets listed below:

Pet's Name: Description: Age: Medical Conditions/ Medications:	Pet's Name: Description: Age: Medical Conditions/ Medications:
Pet's Name: Description: Age: Medical Conditions/ Medications:	Pet's Name: Description: Age: Medical Conditions/ Medications:

If time permits, we will attempt to utilize the primary veterinarian specified below. If it is not practical to do so, WE reserve the right to utilize the services of any available veterinarian. Should you change veterinarians, please notify US before the next contracted service dates.

Primary Veterinarian's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

I authorize veterinary treatment for my animal(s) during my absence. I accept full responsibility upon my return for payment and/or reimbursement for veterinary services rendered. I further authorize you to give out any information regarding my pets to Scoop Masters Pet Sitting Services.

Owner /Client Name: \_\_\_\_\_

Owner / Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_