



Veterinary Release

Dog Spoiling Dog Boarding and Daycare
Andrea Saulsbury | Cell: 919-264-3726

VETERINARIAN (TO GET RECORDS IF NEEDED)

Hospital and Vet's Name: _____

Address: _____

Phone: _____

To the hospital:

Andrea Saulsbury 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. Andrea Saulsbury will attempt to contact me as soon as medical care is deem necessary. However, in the event I cannot be reach immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below.

Pet Owner: _____

Address: _____

Phone: _____

Pet(s): _____

1. I agree that **Sanford Animal Hospital** may care for my pets. If Sanford Animal Hospital is closed (after hours), I give permission for Andrea Saulsbury to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for Andrea Saulsbury to approve treatment up to \$_____. (____ initials) In case you can't contact me or my emergency contact listed on my contract with Andrea Saulsbury.
3. I understand that Andrea Saulsbury assumes no responsibility for the loss of any pet and is released from all liability related to treatment. I also agree to be responsible for all special services assessed by Andrea Saulsbury for emergency transportation, care, or supervision and will pay such fees when I return from my vacation/trip.
4. Other conditions, if any: _____

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

This consent of treatment has no expiration date and grants permission for future veterinary care without the need for additional authorization each time Andrea Saulsbury cares for one or more of my pets unless otherwise noted. PRINT 2 COPIES OF THIS FORM (one for your vet to have on file and one for Andrea Saulsbury's records)

Client Signature

Date

