**Jenn'z Grrrz-N-Purrz Pet Care**

Clarksville, Indiana

**502-533-5512**

grrrznpurrz@yahoo.com / www.jennzgrrrznpurrz.com

**~~~~ Veterinary Release ~~~~**

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| VETERINARIAN Hospital and Vet’s Name:  Address:  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**To the Hospital:**

Jenn'z Grrrz-N-Purrz Pet Care 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. Jenn'z Grrrz-N-Purrz Pet Care will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize 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:

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

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 Jenn'z Grrrz-N-Purrz Pet Care to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for Jenn'z Grrrz-N-Purrz Pet Care to approve treatment up to $\_\_\_\_\_\_\_\_\_\_\_\_.
3. I understand that Jenn'z Grrrz-N-Purrz Pet Care 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 Jenn'z Grrrz-N-Purrz Pet Care Date