



Heather N. Brown, Owner
Mobile: 252-341-3024
Email: yoheatherb@gmail.com

Veterinary Release

VETERINARIAN

Hospital: _____
Vet's Name: _____
Address: _____
Phone: _____

To the Hospital:

Crazy Mutt! / Heather Brown 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. *Crazy Mutt!* / Heather Brown 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). I will be responsible for payment of any fees as stated below. **Please file this form with my records.**

Pet Owner:

Address:

Phone:

Pet(s):

_____ If the above-named veterinarian is not available, I agree that another vet in his/her practice may care for my pet(s). If neither of these veterinarians are available, I give permission for Heather Brown to take my pet(s) to the nearest animal hospital or emergency clinic.

_____ I give permission for *Crazy Mutt!* / Heather Brown to approve treatment up to \$_____ in the event that you cannot contact me using the above-referenced contact information.

_____ I understand that *Crazy Mutt!* / Heather Brown assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

_____ Other conditions, if any:

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

Medications he/she is currently using:

This consent for treatment has no expiration date unless otherwise noted.

Client / Pet Owner

Date