

Zookeepers Pet Sitting

VETERINARY CARE RELEASE

TO: (VETERINARY HOSPITAL) _____

SPECIFIC DOCTOR: _____

This is to inform you that I have engaged the services of Zookeepers Pet Sitting to care for my pet(s)

- from _____ through _____
- care on-going throughout the year.

Should my pet(s) require medical attention while under the care of my pet sitter, I authorize you to extend treatment.* I will be responsible for the payment of your veterinary services.

NAMES OF PET(S)

*Exclusions: _____

Pet Owner's Signature

Date