

Muttley Crew Pet-Sitting Services

Pat Wrisley

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VETERINARY CARE RELEASE

Vet Name & Hospital_____

Address_____

To the Hospital: During my absence, a representative of Muttley Crew Pet-Sitting Services will be caring for my pet(s) and has my permission to transport them to your office for treatment.

Pet Owner_____

Address_____

Phone Number_____

Pet(s) Name_____

I, _____(pet owner) hereby give Muttley Crew Pet-Sitting Services my express permission to transport any of my pets for care to the above mentioned veterinarian (or closest facility in event of emergency). I give permission for the hospital/clinic/doctor to administer whatever care/medications necessary to care for my pet(s), with the exclusion of the following:

I understand I will be responsible for payment of your veterinary services.

Owner

Date

Muttley Crew Pet-Sitting

File this form with my records