

**VETERINARY INSTRUCTIONS AND RELEASE FORM**

<b>PET #1</b>	<b>PET #2</b>
Name	Name
Description	Description
Age	Age
Any Medical conditions?	Any Medical conditions?
<b>PET #3</b>	<b>PET #4</b>
Name	Name
Description	Description
Age	Age
Any Medical conditions?	Any Medical conditions?

If any of the pets named above becomes ill or is injured, I request that Andrea Kim/KK's Pet Sitting take the pets to:

Veterinary Office Name:

Address:

Phone Number:

I give permission to Andrea Kim/KK's Pet Sitting to approve treatment up to \$\_\_\_\_\_.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If above named veterinary office is unavailable, I authorize Andrea Kim/KK's Pet Sitting to take my pet/s to another veterinary office for treatment. I understand that Andrea Kim/KK's Pet Sitting cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below whenever Andrea Kim/KK's Pet Sitting cares for my pets.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name (please print): \_\_\_\_\_