

Prince William's Paws 4 Claws Pet Sitter, LLC
9181 Cascade Falls Drive
Bristow, VA 20136
Call/Text: (703) 819-9028
Email: petsitter@pwpetsitter.com
Website: www.pwpetsitter.com
Bonded & Insured



VETERINARIAN MEDICAL CARE RELEASE FORM

In the event of a medical emergency where Prince William's Paws 4 Claws Pet Sitter, LLC cannot contact you to authorize care immediately and directly, Prince William's Paws 4 Claws Pet Sitter, LLC will use this form to obtain medical care for your pet.

Primary Veterinarian Information:

Vet Name/Number: _____

Vet Address: _____

Emergency Veterinarian Information:

Vet Name/Number: _____

Vet Address: _____

I, _____ (pet owner) hereby give Prince William's Paws 4 Claws Pet Sitter, LLC my express permission to transport any of my pets for care to the above mentioned veterinarian(s). I give permission for the hospital/clinic/veterinarian to administer any care or medications necessary. If Prince William's Paws 4 Claws Pet Sitter, LLC is unable to contact me, I give permission to Prince William's Paws 4 Claws Pet Sitter, LLC to approve treatment up to \$_____ per pet.

My credit card information is on file with the above referenced veterinarians. _____ Y _____ N

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding.

I also agree to be responsible for all special service fees assessed by Prince William's Paws 4 Claws Pet Sitter, LLC for emergency transportation, care, and supervision and will pay such fees within ten (10) days upon being invoiced for such fees.

Pet name/Description or Breed: _____

Pet name/Description or Breed: _____

Pet name/Description or Breed: _____

Pet name/Description or Breed: _____

Signed: _____

Date: _____

Printed Name: _____