Veterinary Release Form

Section 1 – Client Contact Details

Name	
Address	
Postcode	
Phone Number	
Email Address	
Emergency Contact Name and Number	
Emergency Contact Relationship	

Section 2 – Veterinary Details

Name	
Address	
Postcode	
Phone Number	
Email Address	

Section 3 – Pet Details

Name	
Type/Breed/Sex	
Date of Birth	
Medical Conditions	
Medication	
Microchip Number	

Walk or Sit My Pet
3 Farm Ground Close, Hook, Hampshire RG27 9SE
sharon@walkorsitmypet.com | 07789 745044
www.walkorsitmypet.com

Section 4 – Pet Insurance Details

Insurance Company	
Policy Number	

Section 5 – Agreement

Walk or Sit My Pet will be responsible for caring for my pet during my absence.

In an emergency, I authorise the veterinarian to administer medical treatment and understand that I will be responsible for any payment upon my return.

I give Walk or Sit My Pet permission to transport my pet to the specified veterinarian and authorise treatment in an emergency or sickness.

If the specified veterinarian is unavailable, I authorise Walk or Sit My Pet to transport my pet to a veterinarian of their choice and authorise treatment in my absence.

My pet may be taken to the nearest Veterinarian Emergency Clinic/Hospital if emergency care is needed outside regular office hours.

I permit Walk or Sit My Pet to approve treatment up to a maximum amount of £_____
(Enter amount or no limit).

I agree to be responsible for all charges upon my return, including but not limited to vet fees, extra visit fees, and transportation fees.

I agree to authorise the veterinarian to euthanise my pet in extreme circumstances after all reasonable attempts have been made to reach me and my emergency contact.

In the event of my pet's death, I would like my pet to be:

☐ Cremated ☐ Kept at Vet

I agree that Walk or Sit My Pet is released from all liability for any veterinary treatment and related transportation to and from the veterinarian for the treatment of sickness or emergencies.

This Veterinary Release Form will remain valid for all current and future visits unless a new Veterinary Release Form is signed.

Client's Name	
Client's Signature	
Date	

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