

Bartram Trail Veterinary Hospital

6751 State Road 16 St. Augustine, FL 32092

Fax: (904) 940-0399 Phone (904) 940-0655 Email: healthypets@bartramtrailvets.com

Pet Sitter / Veterinary Release

_____ has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. You are able to contact my pet sitter at the following phone numbers: _____.
He/She understands that proper identification will be required to ensure my pet's safety. The pet sitter will attempt to contact me immediately; however, if I am unavailable, I authorize him/her to sign for any treatment for my pet(s) and I will be responsible for payment of any fees as stated below.

Pet Owner: _____

Address: _____

Owner's Phone Numbers: _____

Pet(s): _____

Important health conditions of your pet(s): _____

If the hospital is not open or is unavailable for any reason, I give permission for the pet sitter to take my pet(s) to the nearest animal hospital or emergency clinic.

I give permission for the pet sitter to approve treatment and sign accordingly as the pet's temporary guardian. I authorize treatment fees up to \$_____. (_____ Initial)

Other conditions, if any: _____

This consent for treatment has no expiration date unless otherwise noted.

Signed: _____ Date _____
(Owner)

Signed: _____ Date _____
(Witness)