

VETERINARIAN RELEASE  
ABSENTEE OWNER FORM

Vet Name & Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**To the Hospital:**

During my absence, a representative of Kits & Kats Sitting Service will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return.

**To the Client:**

It is the responsibility of the client to make prior arrangements with their vet to ensure that the vet is prepared to provide the authorized services upon the request of Kits & Kats Sitting Service.

Pet Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

(Veterinarian/Hospital may require the following information. Most clients will provide a credit card number to the Veterinarian/Hospital if emergency care is required}

Pet/s name: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give Kits & Kats Sitting Service 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:

\_\_\_\_\_

\_\_\_\_\_

Maximum amount to be spent on veterinary care: \$ \_\_\_\_\_ Initials of Owner: \_\_\_\_\_

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Kits & Kats Sitting Service

Signed on \_\_\_\_\_