

CITRUS PET SITTING  
VETERINARY INSTRUCTIONS AND RELEASE FORM

**Pet's Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Medical conditions/medication:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Medical conditions/medication:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Medical conditions/medication:** \_\_\_\_\_

*If any of the pets named above becomes ill or is injured, I request that Citrus Pet Sitting take the pets to:*

**Veterinary Office Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Alternate Veterinary Office Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

*I give permission to Citrus 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 neither of the veterinary offices named above is available, I authorize Citrus Pet Sitting to take my pet/s to another veterinary office for treatment. I understand that Citrus 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 Citrus Pet Sitting cares for my pets:*

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

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