



## Veterinarian Release Form

To: \_\_\_\_\_  
(name of client's veterinarian clinic)

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

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

In the event of illness or injury related to my pet(s), and I cannot be reached, I hereby authorize BE HAPPY PETS, as my pet sitter, to bring my pet(s) in for whatever medical treatment the veterinarian deems necessary.

I will assume full responsibility, upon my return, for payment of the services rendered. If my specific veterinarian (named above), is not available, or the emergency should happen after regular office hours, I further authorize my pet sitter to take my pet(s) to the nearest emergency veterinarian clinic which can render assistance. I understand that every effort will be made to contact me before seeking medical attention for my pet(s). If I am unreachable, Be Happy Pets has permission to authorize any care that the veterinarian deems necessary.

**Metropolitan Veterinarian Emergency Hospital**

2626 Van Buren Avenue  
Valley Forge, PA 19482  
(610) 666-0914

**Hickory Veterinarian Emergency Assoc.**

2303 Hickory Road  
Plymouth Meeting, PA 19462  
(610) 828-3054

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Pet(s) Full Name: \_\_\_\_\_