



Siblings Pet Care

VETERINARY RELEASE FORM

Pet(s) Name(s) & Date of Births	
Name and address of the Veterinary Clinic which your pet(s) is registered with	
Vets Telephone number	
Contact details for out of hours vet service	
Species of animal	

I, _____, give Siblings Pet Care permission to transport my pet(s) to the above veterinarian(s) and authorise treatment in the event of an emergency or sickness. In this event, I authorise you, _____ [Vet Name] to administer medical treatment and will be responsible for payment upon my return. If this veterinarian is not available, I authorise Siblings Pet Care to transport my pet(s) to a veterinarian of their choice and I authorise treatment. If out of hours emergency care is needed, my pet(s) may be taken to the nearest veterinarian providing this service. I agree that Siblings Pet Care is released from all liability and is to be held harmless in relation to such transportation and treatment.

This release will remain valid for all current and future visits unless a new release is signed or if said release is terminated in writing by either party.

Client Signature: _____ Date: _____