



The Pet Nanny, LLC

9572 Diligence Lane
Gloucester, VA 23061
804-695-4132
thepetnanny14@gmail.com

~~~~ Veterinary Release ~~~~

VETERINARIAN

Hospital and Vet's Name: _____

Address: _____

To the Hospital:

The Pet Nanny, LLC 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. **The Pet Nanny, LLC** will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below. **Please file this form with my records.**

Pet Owner: _____

Address: _____

Phone: _____

Pet(s): _____

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If neither of these veterinarians are available, I give permission for **The Pet Nanny, LLC** to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for **The Pet Nanny, LLC** to approve treatment up to \$_____. (____ initial)
3. I understand that **The Pet Nanny, LLC** assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.
4. Other conditions, if any: _____

My pet(s) has/have the following health issues: _____

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

Client Date

Client Date **The Pet Nanny** Date