



VETERINARY RELEASE

Veterinarian Name, Address and Phone Number _____

Queen City Petsitting, LLC (QCP) has consent to pet sit for my pet(s). QCP has my permission to transport and place them in your care in case of an emergency. QCP 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.

Pet Owner: _____

Address and Phone: _____

Pet(s): _____

Are the pet's vaccinations currently up to date? This includes rabies, distemper, and parvo.

1. If the above named Veterinarian is unavailable, 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 Queen City Petsitting to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for QCP to approve treatment up to \$_____ in the event you are unable to contact me.
3. I understand that QCP assumes **no responsibility** for the loss of any pet, and is released from all liability related to transportation to the vet, vet treatments and vet expenses.

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

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

Client _____ Date _____

Client _____ Date _____

**TO VET: If Necessary, the Owner of Queen City Petsitting can be reached at (980) 202-2745
If it is after 8pm or before 9am, please text: (704) 608-3733 and/or (980) 722-1400.**