

LazyDog Pet Sitters
Serving Loves Park to Beloit
lazydogpetsitters@yahoo.com
(815) 713-3535



VETERINARY INSTRUCTIONS AND RELEASE FORM

Pet's Name : _____

Description : _____

Age : _____

Medical Conditions : _____

Medication : _____

Pet 2's Name : _____

Description : _____

Age : _____

Medical Conditions : _____

Medication : _____

Pet 3's Name : _____

Description : _____

Age : _____

Medical Conditions : _____

Medication : _____

If any of the pets named above becomes ill or is injured, I request that LAZY DOG PET SITTERS

Take the pets to :

Veterinary Office Name : _____

Address : _____

Phone Number : _____

Alternate Veterinary Office Name : _____

Address : _____

Phone Number : _____

I give permission to LAZY DOG PET SITTERS to approve treatment for my pet/s 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.

I understand that LAZY DOG PET SITTERS 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 and whenever LAZY DOG PET SITTERS cares for my pet/s.

Owner's Signature : _____

Date : _____