



4620 Whitman Lane SE • Lacey, Washington 98513 • (360) 438-9623

Petsitter Release Form

I, _____, am the owner of the following pet(s): _____.

I will be leaving my pet in the care of the following person(s);

_____. I **DO/DO NOT** (circle one) authorize this person(s) to make medical decisions about my pet's (pets') care while I am away. I will be gone from _____ to _____. I can be reached at the following phone number(s): _____.

I understand if I am unable to be reached at the above number(s), the attending doctor will perform any procedures considered a medical necessity. As the owner, I agree to be financially responsible for all services not to exceed: \$ _____. **(Please Note: If not filled in, \$1000.00 will be used as a default.)**

Signature: _____ Date: _____