



Veterinarian Information & Release for Medical Treatment

Veterinarian Name: _____

Address: _____

Phone #: _____

I hereby give Your Place or Mine Pet Sitting permission to seek medical treatment for my pet in my absence from

Date: _____ to Date: _____

I authorize using this credit card information:

Credit Card #: _____

Expiration: _____

Code: _____

If bill is less than \$ _____

Name: _____ Date: _____

Please call me for payment information

Name: _____ Date: _____

(Please give to your veterinarian prior to departure date)