



Bay Area Pet Pals
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Veterinarian Release Form
(Please fill out the below using ONLY Black Ink)

VETERINARIAN

Hospital and Vet's Name: _____

Address: _____

Phone: _____

To the Veterinarian Hospital:

Bay Area Pet Pals 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. Bay Area Pet Pals 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 I will be responsible for payment of any fees as stated below. **Please file a copy of this form with my records.**

Pet Owner Name (Please Print): _____

Address: _____

Phone: _____

Print Name(s) & Type of 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 Bay Area Pet Pals to take my pet(s) to the nearest animal hospital or emergency clinic.

2. I give permission for Bay Area Pet Pals to approve treatment up to \$_____. (____ initial)
IMPORTANT: An amount must be specified above or we may not be able to obtain the proper care for your pet.

3. I understand that Bay Area Pet Pals 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.

Pet Owner Signature

Date