



Veterinarian Release

TO THE VETERINARIAN HOSPITAL:

During my absence, a representative of Stepping Out Pet Care will be caring for my pet(s) and has my permission to transport them to your office for medical assessment and/or treatment. I authorize you to treat my pet(s) and will be responsible for full payment to you upon my return.

Client Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone _____

Veterinarian _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Pets Names

I, _____, legal owner of this/these pet(s), hereby give this representative of Stepping Out Pet Care my express permission to transport my pet(s) for care to the above-mentioned veterinarian (or closest facility in the event of emergency).

I give permission for the hospital/clinic/doctor to administer whatever care/medications deemed necessary for my pet(s).

Pet Owner _____ Date

Stepping Out Pet Care Representative _____ Date