

Top Paw Pet Sitting



Call or Text 281-733-9651

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Email: info@TopPawPetSitting.com

Serving the Central/Downtown and North Conroe Area

Veterinary Release Form

Owner's Full Name	
Identity/ Social Security/ Other Numbers (Specify)	
Identity/ Social Security/ Other Numbers (Specify)	
Physical Address	
Telephone Number 1	Telephone Number
To whom it may concern I Hereby authorize the attending veterinarian to treat any of my pets as listed on the Pet Information sheet and I accept full responsibility for all fees and charges (limited to \$_____) incurred in the treatment of my pets. Top Paw Pet Sitter is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, Top Paw Pet Sitter shall act on my behalf to authorize any treatment excluding euthanasia.	
General Practitioner Veterinary Clinic	
Name: _____	
Address: _____	
Telephone: _____	
Preferred After Hours 24 Hour Emergency Veterinary Clinic	
Name: _____	
Address: _____	
Telephone: _____	
Or if unknown Top Paw Pet Sitter will bring the animal to BluePearl Pet Hospital 1646 Spring Cypress Road Spring, TX 77388 Phone: 832.616.5000	
Owner's Signature:	Date: