

Veterinary Care Release Form

I hereby authorize **Belmont Shore Veterinary Hospital** to provide veterinary care for my pet(s) listed below during my absence

- From _____ through _____.
- Until I notify you in writing otherwise.

I give permission for my pet sitter(s), _____, to make decisions regarding my pets' treatment and authorize you to release my pet to said pet sitter upon the completion of their care.

Pet Name(s) & Medications:

Name: _____ Name: _____ Name: _____

Meds: _____ Meds: _____ Meds: _____

Name: _____ Name: _____ Name: _____

Meds: _____ Meds: _____ Meds: _____

Please note any additional information on back of form.

I understand all fees are due upon release of patient and authorize all fees to be charged to my credit card.

Type of payment (circle): Visa MC Disc Amex

Card #: _____ Exp. Date _____

____ I authorize use of the enclosed check for payment of services.

Signed: _____ Date: _____