MUTTS IN MOTION DOG WALKING SERVICES, LLC
VETERINARY RELEASE FORM

Owner Information

Owner's Full Name(s): _____
Physical Address: _____
Phone Number(s): _____

Pet Information

Pet #1
Name: _____ Breed: _____ Age: _____ DOB: _____ Sex: _____

Pet #2
Name: _____ Breed: _____ Age: _____ DOB: _____ Sex: _____

Pet #3
Name: _____ Breed: _____ Age: _____ DOB: _____ Sex: _____

Pet #4
Name: _____ Breed: _____ Age: _____ DOB: _____ Sex: _____

Authorization Statement

To Whom It May Concern,

I hereby authorize the attending veterinarian to treat any of my pets listed above. I understand and accept full responsibility for all fees and charges related to their care.

Mutts in Motion Dog Walking Services, LLC is authorized to transport my pet(s) to and from the veterinary office for routine or emergency treatment if necessary. In the event I cannot be reached during an emergency, Mutts in Motion Dog Walking Services, LLC is permitted to act on my behalf to approve treatment—**excluding euthanasia**.

Please note: If transportation to the veterinarian is required, a **$75 hourly fee** will be charged for this service.

Pet Sitter's Full Name: Mutts in Motion Dog Walking Services, LLC
Employer ID: 99-3189565

Veterinary Contact Information

Veterinarian's Name: _____

Vet's Business Name: _____
Business Address: _____
Phone #: _____
After-Hours Phone #: _____

Owner's Signature: _____
Date: _____