

# Understudy Sitters, LLC Veterinary Care Release

**To whom it may concern,**

I, the Owner of the pet(s) listed below, hereby authorize the attending veterinarian to treat any of my pets currently in the care of Understudy Sitters, LLC or any of their representatives and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

Understudy Sitters, LLC 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, Understudy Sitters, LLC or any company representative thereof shall be allowed to act on my behalf to authorize any treatment excluding euthanasia. I understand signing this document was completely optional, and I did so of my own free will.

Additional stipulations for care (if any) will be listed below:

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Pet(s) Name (*print*)

Date

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Owner Name (*print*)

Date

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Owner Signature

Date