



**SOPHIE'S**  
**PET SERVICES**  
Boarding • Pet Sitting • Pet Walking

## Veterinary Release Form

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### Owner Information

- Owner's Full Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

- Emergency Contact (other than owner):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Pet Information

- Pet's Name: \_\_\_\_\_

- Species: ☐ Dog ☐ Cat ☐ Other: \_\_\_\_\_
  - Breed: \_\_\_\_\_
  - Age: \_\_\_\_\_ ☐ Male ☐ Female ☐ Spayed/Neutered
  - Microchipped: ☐ Yes ☐ No — Chip #: \_\_\_\_\_
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### **Veterinary Information**

- Primary Veterinarian Name/Clinic:

\_\_\_\_\_

- Vet Phone: \_\_\_\_\_

- Vet Address: \_\_\_\_\_
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### **Authorization for Emergency Veterinary Care**

I, the undersigned pet owner, hereby authorize Sophies Pet Services LLC, its owner(s), staff, or agents, to seek and obtain veterinary treatment for my pet(s) listed above in the event of illness, injury, or emergency while under their care. This includes but is not limited to:

- Diagnostic testing
- Surgical procedures
- Sedation or anesthesia
- Emergency transportation
- Administration of medication or IV fluids
- Humane euthanasia (ONLY if recommended by a licensed veterinarian and if I cannot be reached)

☐ I authorize care up to \$\_\_\_\_\_ in cost

- ☐ I authorize necessary and reasonable care at the discretion of the attending veterinarian
- ☐ I DO NOT authorize euthanasia under any circumstance unless contacted directly
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## **Financial Responsibility**

I understand and agree that I am financially responsible for any and all veterinary care, including follow-up treatments, medications, emergency transport, and after-hours care. I agree to reimburse Sophies Pet Services LLC promptly for any costs they may incur on my behalf.

If my chosen veterinarian is unavailable, I authorize Sophies Pet Services LLC to take my pet to the nearest available animal hospital or emergency clinic.

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## **Liability Waiver**

I understand that Sophies Pet Services LLC is not a veterinary service and is not liable for the outcome of any medical decisions made by a licensed veterinarian. I release Sophies Pet Services LLC from any and all liability related to veterinary care provided during my absence, unless gross negligence is proven.

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## **Authorization Validity**

This form is valid for the duration of my relationship with Sophies Pet Services LLC, unless revoked in writing. A copy or digital version of this authorization is considered valid as an original.

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## **Signatures**

Owner's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Sophies Pet Services LLC Representative (optional):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_