



Redmond Pet Care

A Premium Pet Sitting Company

Client Information

Name _____

Address _____

Home Phone _____

Cell Phone _____

E-mail _____

Veterinarian
Information _____

Release Form

Do we have your permission to take your pet to the veterinarian if needed? **Yes** **No**

We will first make every attempt to contact you.

Redmond Pet Care is authorized to perform pet care and services for the dates listed below.

Redmond Pet Care is authorized to seek emergency veterinary care with release from all liabilities related to transportation, treatment and expenses.

SERVICE DATES & APPROXIMATE TIMES

Client's Signature _____ Date _____