



## **Petsitter/Pet Care Release**

Owner Name: \_\_\_\_\_ Cat Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

From the dates of \_\_\_\_\_ to \_\_\_\_\_, my pet(s):  
\_\_\_\_\_ is/are being cared for by  
\_\_\_\_\_ (name of caretaker). During this above  
specified time, he/she has my permission to authorize medical treatment for my  
pet(s). I understand that I will be held financially responsible for any treatment  
authorized by the above named person/company.

Just Cats Veterinary Services and its employees will not be held liable for any  
decisions made by the above named person/company regarding my pet(s) and  
their care.

I have provided contact numbers below.

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

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**1015 Evergreen Circle | The Woodlands, TX 77380**  
**(281) 367-2287 | (281) 367-0700 (fax)**  
**www.justcatsvets.com**