



**PIECE OF CAKE**  
DOG TRAINING & BEHAVIOR

## Veterinary Release Form

Attention: \_\_\_\_\_  
(Name of Client's Primary Veterinarian)

I hereby authorize Piece of Cake Dog Training & Behavior/Michelle Karpaitis to bring my pet(s) to your veterinary hospital, \_\_\_\_\_  
(Name of Veterinary Hospital)

at: \_\_\_\_\_  
(address, city and phone number of veterinary hospital)

and to have you provide medical care for whatever treatment may be required as determined by you.

By signing this, I assume all financial responsibility upon my return for payment of all services rendered. If the above veterinarian is not available for any reason or if the emergency should happen after normal office hours, I authorize my pet sitter to take my pet(s) to:

\_\_\_\_\_  
(Emergency 24-Hour Vet Clinic Name / Address / Phone Number)

or the nearest emergency veterinary clinic which can assist my pet in receiving medical care and treatment.

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

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

Pet Name, Breed, and Medical condition(s) (if any):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_