

Ali's Angels Pet & House Care
3751 Dudley St., Wheat Ridge, CO 80033
Bonded & Insured

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Senior or Illness Release Form

DATE: _____

Owner Name (print): _____

Pet's primary vet: _____
(Please provide name of
Vet and clinic) _____

Unless otherwise stated by you, Ali's Angels Pet & House Care will perform pet care as outlined in the "Vet Specifics Sheet". Contact Ali- if you would like to review or make changes for medical specifics regarding this pet.

Veterinarian: This is to inform you that I have contracted Ali's Angels Pet & House Care to care for my pet(s). I understand that my pet(s) are at risk for complications due to health status, or death, while under the care of my pet sitter due to the following:

Pet Name and Type: (example: Callie – Calico Cat) _____

Reason: (example: 17 years old, arthritic, asthmatic) _____

Other known issues: _____

On meds? Yes ___ No ___ Which? _____

I have cleared (Ok'd) in-home pet sitting service with my veterinarian: **Yes** ___ **No** ___

Does pet have active kidney/urinary tract/liver/heart/incontinence or other illness:

Yes ___ No ___ Explain: _____

How many visits have been ordered per day? _____

Length of each visit: _____ **Times scheduled:** _____

I understand that my pets are not visualized or monitored by a pet sitter of Ali's Angels Pet & House Care during the time between visits. I will hold harmless Ali's Angels Pet & House Care or any of its team members, in the event of death or injury related to the amount of time between visits to this pet, or death by natural causes.

SIGNATURE OF PET OWNER: _____