



BLESSED BONDS
Keeping People and Pets Together™

www.blessedbonds.com

P.O. Box 129
Palos Park, IL, 60464
LHARPER6@aol.com
708.448-6614

PET PROFILE AND VET AUTHORIZATION

Name, age and description of pet:

Vaccinations:

Current veterinarian records are at:

Current Medications:

History of Medical Problems or allergies:

Special toys or supplies:

Diet:

Typical Daily routine and sleeping habits:

General Personality:

Any other important information about your pet:

Pet Owner's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Tel: (home) _____ (bus) _____ (cell) _____

E-Mail: _____

Pet owner's location and phone while pet is in foster care: _____

I, the undersigned, pet owner, or authorized agent of the animal companion(s)

_____ hereby authorize *Blessed Bonds* to care for and board the above pet at a Foster Care location of this organization's choice and do not hold *Blessed Bonds* or the foster home responsible for sickness, injury, death, or loss of the pet(s) while in their care.

Blessed Bonds, which includes the foster care family, staff and volunteers, has permission to take the pet for veterinarian care and to transport the pet for visits with human companion.

I further understand that should veterinary care be required, no guarantee of successful treatment is made and hold neither *Blessed Bonds* or the attending veterinarian responsible.

Signature of pet owner: _____

Date _____

Emergency contact: _____

