

Veterinarian Release

Shadow & Marty's Pet Care Services

Contact: Dedi Wood

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Pet Information

Veterinarian Information

Type of Animals: _____

Veterinarian: _____

Animal's Names: _____

Address: _____

Birth Dates: _____

Phone: _____

Known medical conditions: _____

During my absence, *Shadow & Marty's Pet Care Services* will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give *Shadow & Marty's Pet Care Services* permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize *Shadow & Marty's Pet Care Services* to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to *Shadow & Marty's Pet Care Services* to approve treatment up to \$_____ (input maximum dollar amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree to authorize veterinarian to euthanize my pet in **only extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

In the event of my pet's death, I would like the pet cremated / kept at vet / other: _____.

I agree that *Shadow & Marty's Pet Care Services* is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Client's Signature

Date