

Veterinary release form

Owner's Full Names: _____

Address: _____

Address: _____

Address: _____

Address: _____

Contact Telephone: _____

Mobile: _____

Emergency Contact Name _____

Emergency Contact Telephone _____

Pet No 1. Name: _____

Description: _____

Age: _____

Medical conditions/medication: _____

Pet No 2. Name: _____

Description: _____

Age: _____

Medical conditions/medication: _____

Pet No 3. Name: _____

Description: _____

Age: _____

Medical conditions/medication: _____

If any of the pets named above becomes ill or is injured, I request _____ take the
pets to:

Veterinary Office Name: _____

Address: _____

Address: _____

Address: _____

Address: _____

Contact Telephone: _____

Alternate Veterinary Office Name: _____

Address: _____

Address: _____

Address: _____

Address: _____

Contact Telephone: _____

Pet Insurance No: _____

Policy Company: _____

TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed above and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

The Dog Walker is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, the walker shall act on my behalf to authorize any treatment excluding euthanasia.

I give permission to approve treatment up to £1,000.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount

Dog walker - Full Names: _____

Dog walker - Signature: _____

Dog Owner's Signature: _____

Date: _____