



Veterinary Release Form

OWNER INFO

Pet Owner(s): _____
 Address: _____
 Phone: () _____

VETERINARIAN INFO

Hospital Name _____
 Vet's Name _____
 Address _____
 Phone () _____
 Hours _____
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

To the Hospital

Kathy's Pupper Doodles has been contracted to pet sit (walk, drop-in visit, etc) for my pet(s) _____ and _____ and has my permission to place them in your care in case of an emergency. Kathy Webster will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below.

- 1 If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If another vet is not available, I give my permission for Kathy W. to take my pet(s) to the nearest animal hospital or emergency clinic. (____ initial)
- 2 I give permission for Kathy W. to approve treatment up to \$_____ (____ initial) in case you cannot contact me or my emergency contact listed on my contract with Kathy.
- 3 I understand that Kathy W. assumes no responsibility for the loss of any pet and is released from all liability related to treatment. I also agree to be responsible for all special services assessed by Kathy's Pupper Doodles for emergency transportation, care, or supervision and will reimburse/pay for such fees when applicable. (____ initial)

My pet(s) has/have the following health issues: _____

This consent for treatment has no expiration date and grants permission for future veterinary care without the need for additional authorization each time Kathy's Pupper Doodles cares for one or more of my pets unless otherwise noted.

Owner / Client

Date

Owner / Client

Date