

Veterinary Instructions & Release Form

Pet's Name:		Age:		Pet's Name:		Age:	
Description:				Description:			
Medical conditions/medication:				Medical conditions/medication:			
Pet's Name:		Age:		Pet's Name:		Age:	
Description:				Description:			
Medical conditions/medication:				Medical conditions/medication:			
<p><i>If any of the pets named above becomes ill or is injured, I request that _____ take the pets to:</i></p>							
Veterinary Office Name:				Alternate Veterinary Office Name:			
Address:				Address:			
Phone Number:				Phone Number:			

*I give permission to _____ to approve treatment up to \$ _____ .
 I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.
 If neither of the veterinary offices named above is available, I authorize _____ to take my pet/s to another veterinary office for treatment.
 I understand that _____ cannot be held responsible for the results of the veterinary treatment or the loss of my pet.*

This agreement is valid starting on the date below whenever _____ cares for my pets.

Owner's Signature: _____

Date: _____

Owner's Name (please print): _____