



## Veterinarian Release Form

Owners Name \_\_\_\_\_ Phone \_\_\_\_\_

Pets Name \_\_\_\_\_ Breed: \_\_\_\_\_ Age \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Address of Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_

Known medical conditions:

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**During my absence, Pups@Play will be caring for my pet(s). In the event of an emergency, I authorize Pups@Play to seek medical treatment and will be responsible for payment for all out of pocket expenses including but not limited to veterinarian fees, medication, transportation, upon my return.**

I, \_\_\_\_\_, give Pups@Play permission to transport my pet(s) to my veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Pups@Play 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 Pups@Play 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 that Pups@Play 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.

Clients Signature \_\_\_\_\_

Date \_\_\_\_\_