

Veterinarian Release

Date:	File Number:
Owner's Name:	Owner's Phone Number:

Plenty of Wags

Dog Walking & Pet Sitting Services

(925) 383-3849

laura@plentyofwags.com

Pet Information

Breeds: _____
Names: _____
Birth Dates: _____
Known medical conditions: _____

Veterinarian Information

Veterinarian: _____
Address: _____
Phone: _____

During my absence, **Plenty of Wags** 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 **Plenty of Wags** 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 **Plenty of Wags** 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 **Plenty of Wags** 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 **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 **Plenty of Wags** 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.

Payment Information on file for Veterinarian:

☐ I will leave credit card ☐ The vet office will bill me

Client's Signature

Date