

Veterinary Release Form

Pet Information

Customer Name: _____ Pet Name: _____
Address: _____
Postcode: _____ Contact Number: _____ Email: _____
Type of Pet(s): _____

Vet Information

Vet Name: _____ Telephone Number: _____
Address: _____
Known medical conditions: _____

During my absence, Sarah's Home Dog Boarding will be caring for my pet(s). In the event of an emergency, I authorise you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Sarah's Home Dog Boarding 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 authorise Sarah's Home Dog Boarding to transport my pet(s) to a veterinarian of choice and authorise 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 Sarah's Home Dog Boarding to approve treatment up to £..... (input maximum £ 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 authorise veterinarian to euthanize my pet in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

I agree that Sarah Hareven of Sarah's Home Dog Boarding 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.

Signed _____ Date: _____