

VETERINARY RELEASE FORM

Owner information:

Owner's Full Name:

Address:

Phone Number:

Work Number:

Dog(s) information:

Dog 1 Name:

Sex & Breed:

DOB:

Medications:

Microchip Number:

Dog 2 Name:

Sex & Breed:

DOB:

Medications:

Microchip Number:

Veterinary information:

If any of the dog(s) named above becomes ill or is injured, I request

_____ take the dog(s) to:

Veterinary Office Name:

Address:

Phone Number:

Insurance information:

Policy company:

Pet Insurance Number:

TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat my dog(s) as listed above and I accept full responsibility for all fees and charges incurred in the treatment of any of my dog(s).

The Dog Walker / Trainer is authorized to transport my dog(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary.

If I cannot be reached in case of an emergency, the Dog Walker / Trainer shall act on my behalf to authorize any treatment excluding euthanasia.

I will assume full responsibility upon my return for payment and / or reimbursement for veterinary services rendered.

Dog Walker / Trainer – Full Name:

Dog Walker / Trainer – Signature:

Dog Owner's Signature:

Date: