



Veterinarian Release

Contact: Nancy Ellis

Office: 360-526-0093

Email: nancy@pooch-palace.biz

Web: www.pooch-palace.biz

Pet Information

Veterinarian Information

Type of Animal: _____ Veterinarian: _____

Animal's Name: _____ Address: _____

Age: _____ Phone: _____

Medical conditions: _____

During my absence, Pooch Palace, Inc. 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 Pooch Palace, Inc. permission to transport my pet(s) to the above veterinarian in the event of an emergency or sickness and receive any information pertaining to my pets in regards to their condition. I also give permission to release the results to Pooch Palace, Inc..

If the above veterinarian is not available, I authorize Pooch Palace, Inc. 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 provide treatment up to \$_____ and I will be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree that Pooch Palace, Inc. is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

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.

This agreement will remain valid for all visits unless a new one is signed.

Client's Signature

Date