

Royal Dog Walking, Corp.

VETERINARY RELEASE

(Please fill out form in its entirety!)

Vet's name that contains medical record: _____

Address: _____ Phone: _____

Vet with your Pet(s) medical record if different than above: _____

Address: _____ Phone: _____

To the Hospital:

Royal Dog Walking, Corp. has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. Royal Dog Walking, Corp. will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below.

Pet Owner: _____

Address: _____

Phone: _____ Alt phone: _____

Pet's name: _____ Age: _____ Weight: _____

1. I agree that another vet in his/her practice may care for pet(s). I give permission for Royal Dog Walking, Corp. to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission to the vet to treat my pet(s) in the event of a health issue.
3. I give permission to Royal Dog Walking, Corp. to approve treatment up to \$ _____ (_____ initial)
4. I understand that Royal Dog Walking, Corp. assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.
5. Other conditions, if any _____

My pet(s) has/have the following health issues:

This consent for treatment has no expiration date unless otherwise noted.

Client signature Date

Royal Dog Walking, Corp. Date