

Veterinary Release Form



Customer Details

Name:

Address:

Postcode:

Contact Numbers:

Email:

Veterinary Details

Name:

Address:

Postcode:

Contact Number:

Email:

Dog Details

Dog Name:

Dog Age:

Dog Sex:

Dog Breed:

Any Known Medical Conditions?

Yes:

No:

If yes, please advise:

I hereby authorise

During my absence, Nicola Hoare of Woof and Walks, will be caring for my dog(s). In the event of an emergency, I authorise you (veterinarian) to administer medical treatment and understand that I will be responsible for any payment to you (veterinarian) upon my return.

I, _____, give Nicola Hoare of Woof and Walks, permission to transport my dog(s) to the above veterinarian and authorise treatment in the event of an emergency or sickness. If this veterinarian is not available, I authorise Nicola Hoare (Woof and Walks) to transport my dog(s) to a veterinarian of her choice and authorise treatment in my absence. If emergency care is needed outside regular office hours, my dog(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to Nicola Hoare (Woof and Walks) 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 euthanise my pet in extreme circumstances after all reasonable attempts have been made to reach me and/or my emergency contact.

In the event of my dog's death, I would like my dog to be: Cremated Kept at Vet

I agree that Nicola Hoare (Woof and Walks) is released from all liability for any veterinarian treatment and related to transportation to and from veterinarian in treatment of sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Signed

Date:



Woof and Walks

nicola@woofandwalks.co.uk

woofandwalks.co.uk

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