

Fur Full Service Pet Care
www.FurPetCare.com
Austin@FurPetCare.com

Veterinary Release

<p>VETERINARIAN</p> <p>Hospital and Vet's Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p>
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To the Hospital:

Fur Full Service Pet Care 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. Fur 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. **Please file this form with my records.**

Pet Owner: _____ Pet(s): _____

Address: _____ Phone: _____

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If neither of these veterinarians are available, I give permission for Fur Pet Care Professionals to take my pet(s) to the nearest animal hospital or emergency clinic.

1. I give permission for Fur to approve treatment up to \$_____. (____ initial)

1. I understand that Fur Full Service Pet Care assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

My pet(s) has/have the following health issues: _____
This consent for treatment has no expiration date unless otherwise noted.

Client _____

Client _____ Date _____

Date

Fur Pet Care Professional _____
Date