



VETERINARIAN RELEASE

CLIENT NAME _____ DATE _____

ADDRESS _____

PHONE _____ PHONE (2) _____

Vet name and/or Hospital _____

Address _____

Phone Numbers _____

TO THE HOSPITAL:

During my absence, a representative of Rover Patrol LLC will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return.

Please file this form with my records.

Name(s) of Pet(s)	Breed	Age	Gender

I, _____, pet owner, hereby give Rover Patrol LLC my express permission to transport my pet(s) for care to the above mentioned veterinarian (or to the closest facility in the event of emergency). I give permission for the hospital/clinic/doctor to administer whatever care/medications necessary to care for my pet(s), with the exclusion of the following:

Owner _____ Date _____

Rover Patrol LLC _____ Date _____