

**Veterinary Release Form**

**Customer Information**

Customer Name: ..............................................................................................................................................................

Address: ............................................................................................................................................................................

Contact Number: ........................................................................... Email: …………............................................................

**Vet Information**

Vet Name: .......................................................................... Telephone Number: ..........................................................

Address: .........................................................................................................................................................................

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**Pet Information**

Pet’s Name: ………………………………………………………………… Type of Animal: ……………………………… Sex: ….…………………….

Breed: ............................................................................. Description: ...........................................................................

Microchip Number: ……………………………………………………………………………………………………………… Neutered: …………………

 Known medical conditions: .............................................................................................................................................

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**During my absence, ..................................................................................................... will be caring for my pet(s).**

**In the event of an emergency, I authorise you (veterinarian) to administer medical treatment and will be**

**responsible for payment to you (veterinarian) upon my return.**

I, ..................................................................................................................................................................................,

give ..............................................................................................................................................................................

permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorise .......................................................................................... to transport

my pet(s) to a veterinarian of choice and authorise 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 .................................................................................................................................... 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 a veterinarian to euthanize my pet in **extreme** circumstances after all reasonable attempts have

been made to reach me or my emergency contact.

In the event of my pet’s death, I would like the pet cremated / kept at vet / other:

……………………………………………………………………………………………………………………………………………………………………………………

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I agree that ................................................................................................................................................ is released

from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

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

Signed ................................................................. Date: ..............................................................................

Print Name: ……………………………………………………………………………………………………………………………………………….………………

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