**Veterinary Release Form**

Pet Information

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

Pet Name: .............................................................................................

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

…..............................................................................................................

Postcode: ............................ Contact Number: .....................................

Email: ............................................................

Type of Animals: .........................................................................................................................................................

Vet Information

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

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

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

......................................................................................................................................................................... .............

**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 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: ......................................................