

EMERGENCY VETERINARY SERVICES RELEASE

In the event I may not be reached at the contact numbers listed below I,

(PRINT NAME HERE): _____

give Groomin N Roomin Kennels permission to authorize Pieper Olson Veterinary hospital to provide necessary initial treatment for:

(PET NAME(S) HERE): _____

This will be done in the event an urgent medical issue arises during the visit with Groomin N Roomin Kennels and we are unable to reach you.

OWNER PHONE(S):

OWNER E-MAIL(S):

Whereas Groomin N Roomin Kennels may be reached at:

PHONE: (860) 346-1242

E-MAIL: GnR.Kennels@gmail.com

SIGNED: _____

OWNER NAME

DATE: _____