## Veterinary Release Form

Naples Pet Services requires all clients to complete a Veterinary Release Form. In the event of an

emergency, Naples Pet Services will make every attempt to contact the owner, the secondary owner and

the emergency contact. In the event that no contact can be reached, Naples Pet Services will seek

appropriate medical care for your pet(s). Naples Pet Services will make every attempt to take your pet(s)

to the Veterinarian listed blow, however, if your Veterinarian is not available, Naples Pet Services will

bring your pet(s) to an appropriate clinic.

Veterinarian Information
Veterinarian Name
Office Name
Address
City State Zip Code
Office Phone Other Phone

I agree to the following:

## Client Name

1. In the case of an emergency, I understand that Naples Pet Services will make every attempt to contact

the primary owner, secondary owner and emergency contact.

2. If no contact can be reached, I authorize Naples Pet Services to seek appropriate medical treatment

for my pet(s).

3. I understand that every effort will be made to take my pet(s) to the above Veterinarian, however, I

authorize Pet Sitting Company to seek treatment for my pet(s) any appropriate clinic, if necessary.

4. I give permission to Pet Sitting Company to approve treatment up to:

No limit

\$250

\$500

\$1000

other \$

5. I authorize Naples Pet Services and the Veterinarian caring for my pet(s) to share all medical records

of my pet(s) with emergency vet clinics in an effort to provide the best care possible.

6. I agree to assume full responsibility for payment and reimbursement for any and all veterinary services

rendered.

Date

7. I understand that Naples Pet Services assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment and expenses.

8. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time Naples Pet Services cares for my pet(s).

Printed Name

Client Signature

Office Notes

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