(Samantha Chapman's)

All Star Pet Care of Southern NH

Veterinary Instructions and Release Form

Owner's Full Name:		
Address:		
City:	Z	IP/PC:
Phone:	Cell phone:	
Emergency Contact Name:		
Emergency Contact Telephone:		
Pets Name: #1		
Description:		Age:
Medical conditions/medication:		
*If any of the pets named above bec	comes ill or is injured, I request that a rep	presentative of my
pet care (Samantha Chapman with A	All Star Pet Care of Southern NH) take the	ne pet(s) to:
Veterinary Office Name:		
Address:		
Phone Number:		
Alternate Veterinary Office Name:		
Address:		
Phone Number:		
All Star Pet Care of Southern NH a	nd its representatives (Samantha Chapma	an) are released from
	ical condition my pet(s) had/has that wo	,
	an illness or injury that may arise in the c	
Chapman of All Star Pet Care of So		
I give permission to my pet caregive	er Samantha Chapman of All Star Pet Ca	re or Southern NH
to transport my pet(s) to and from the	ne veterinary clinic to seek treatment for	any of my pet(s) as
listed above and to approve treatment	nt for fees and charges up to \$	I give
	lminister care, sedation/or medications.	

I will assume **full responsibility** upon my return for **payment and/or reimbursement** for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize my pet caregiver to take my pet(s) to another veterinary office for treatment. I understand that the caregiver cannot be held responsible for the results of the **veterinary treatment or the loss of my pet.**

This agreement is valid starting on the date below whenever my pet(s) care provider, Samantha Chapman of All Star Pet Care of Southern NH cares for my pets(s):