



Veterinary Instructions and Liability Release Form

Owner's Full Name _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Dog's Name: _____ Age: _____

Description: _____

Medical Conditions/Medications: _____

If the dog named above becomes ill or is injured, I request that a representative of my dog care provider, Adirondog Suites and Treats, LLC take my dog to:

Veterinary Office Name: _____

Address: _____

Phone Number: _____

Adirondog Suites and Treats, LLC and its representatives are released from all liability related to any prior medical condition my pet has/had that would cause him/her to get easily injured or ill.

I give permission for my dog care provider, Adirondog Suites and Treats, LLC to transport my dog to and from the veterinary clinic to seek treatment for any of my dogs as listed above and I approve treatment for fees and charges up to \$ _____. I give authorizations for the veterinarian to administer care and/or medications.

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

If the veterinary office named above is not available, I authorize Adirondog Suites and Treats, LLC to take my pet to another veterinary office for treatment. I understand my caregiver cannot be held accountable for the results of the veterinary treatment or the loss of my dog.

This Agreement is valid starting on the date below and will be in effect when my dog care provider, Adirondog Suites and Treats, LLC cares for my dog.

Owner's Signature: _____

Date : _____

Owner's Name (please print): _____