



WALKING MILES

Dog Walker - Licensed Home Boarding - Home Visits

Veterinary Release Form

Walking Miles will always act in your dogs best interests, and the welfare of your dog always comes first.

There are times when Walking Miles needs to act on your behalf when it comes to medical care and we need your permission to do so.

Please fill out this form for each of your dogs and make sure we are always kept up to date with your dogs medical needs.

Pets Name: _____

Owners Name: _____

Address: _____

Veterinary Practice: _____

Any current health/medical issues: _____

I/we give Emma Stribley/Walking Miles permission to seek veterinary advice and/or medical attention for my dog (named above) in the event that they become ill, injured or are involved in an incident.

While they may act on my behalf and make decisions in an emergency they are not authorised to euthanise my dog.

At all times my dog is my responsibility and I am required to cover all costs associated with any veterinary bills including out of hours charges, medication and appointments. Any scheduled appointments during my dogs stay will be paid for in advance where possible or Walking Miles will be reimbursed within 24hrs.

Signed: _____ Date: _____

This form remains valid for 6 months, unless your dogs medical needs change.