



Veterinary Release Form

If any of the below named pet(s) should become ill or injured, I (Owner) _____ authorize (**Mary Frances Crowe or staff of 54Dogs**) to take the pet(s) to:

Hospital Name: _____

Veterinarian Name(s): _____

Hospital Address: _____

Phone Number: _____

Please attach a copy of each pet's vaccination record. If their files are under a different last name at the above vet clinic, please list the alternate name: _____

Pet's Name: _____ DOB: _____ Breed/Description: _____

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Pet's Name: _____ DOB: _____ Breed/Description: _____

(1) I authorize (**Mary Frances Crowe or staff of 54Dogs**) to seek and approve treatment up to \$ _____. It is agreed that I (Owner), _____, will assume full financial responsibility upon my return for any and all payments for veterinary services and care, to include hospital admittance, medications, medical devices (example but not limited to splints, bandages, etc.), after-hour emergency veterinary care at a certified veterinary emergency clinic, and any other requirement as prescribed by the veterinarian. It is further understood that (**Mary Frances Crowe or staff of 54Dogs**) will not be responsible for the death of injury to the pet in the event that you fail to authorize treatment and/or any preexisting health issues for your pet(s). _____ **Owner's Initials**

(2) If the veterinarian(s) named above is not available, another veterinarian in his/her veterinary group is acceptable. Should the alternate veterinarian refuse treatment, it is agreed that (**Mary Frances Crowe or staff of 54Dogs**) is authorized to seek a veterinarian of their choice to ensure your pet receives the best possible treatment for illness/injury and that all financial and liability statements in paragraph (1) pertain. _____ **Owner's Initials**

(3) If emergency care is needed after regular veterinary office hours, my pet(s) ***may or may not*** (circle one) be taken to the nearest emergency veterinarian clinic. In the event that after-hours emergency care is required, it is agreed that I (Owner), _____, will assume full financial responsibility to include reimbursement of said expenses to **Mary Frances Crowe of 54Dogs** for any and all expenses for emergency veterinary services and care, hospital admittance, medications, medical devices, and any other requirement as prescribed by the veterinarian. _____ **Owner's Initials**

(4) I understand and agree that (**Mary Frances Crowe or staff of 54Dogs**) assumes no responsibility for the loss of any pet that has pre-existing medical condition(s) or sustains illness or injury that is deemed as an "Act of God". _____ **Owner's Initials**

(5) I agree that the failure to leave payment in full for services to be performed to (**Mary Frances Crowe or staff of 54Dogs**) may result in the boarding of my pet(s), wherein the pet owner assumes full financial liability for payment of said boarding services. _____ **Owner's Initials**

(6) This agreement shall remain valid from the date signed below and grants permission for future veterinary care as described above without the need of additional authorizations each time (**Mary Frances Crowe or staff of 54Dogs**) cares for my pet(s), including new pets obtained since the date below. _____ **Owner's Initials**

Owner's Printed Name: _____

Street Address: _____

City, State, Zip Code: _____

Owner's Signature: _____ Date: _____