



## Permission to Treat/Veterinary Release Form

WaggyWalks will make every attempt to contact the owner, secondary owner if applicable, if emergency care is needed. WaggyWalks will make every attempt to take your pet to your veterinarian, however if your veterinarian is unavailable, your pet will be brought to another animal care facility to be treated.

Pet's Name: \_\_\_\_\_

Primary Pet Owner: \_\_\_\_\_ Telephone Number 1 (    ) \_\_\_\_\_ - \_\_\_\_\_

Secondary Pet Owner: \_\_\_\_\_ Telephone Number 2 (    ) \_\_\_\_\_ - \_\_\_\_\_

Physical Address: \_\_\_\_\_

### Veterinary Information

Veterinary Office/Clinic name: \_\_\_\_\_

Veterinarian name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

*I hereby authorize the attending veterinarian to treat my pet(s) as listed on the Pet Information sheet and I accept full responsibility for all fees and charges (limited to \$\_\_\_\_\_) incurred in the treatment of any of my pets.*

*WaggyWalks is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If Primary (or secondary, if applicable) pet owner cannot be reached in case of an emergency, WaggyWalks shall act on my behalf to authorize treatment, excluding euthanasia.*

*WaggyWalks will not be liable for the loss or injury of any pet(s)*

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

date is permission for any future veterinarian care as deemed necessary