

VET RELEASE FORM

Owner Information:

Owner's Name: _____

Owner's Phone Number: _____

Dog Information:

Dog's Name: _____

Dog's Age: _____

Medical Conditions/Health Issues: _____

Veterinary Information:

During my absence, Ashland Doggy Daycare ("Doggy Daycare") will care for my dog(s). In the event of an emergency, I understand that every effort will be made to contact me. If it should become medically necessary for my dog to receive professional treatment, **I give Doggy Daycare permission to transport my dog(s) to:**

Spring Meadow Veterinary Clinic, at 1746 State Route 60, Ashland, OH 44805 ("Spring Meadow"),

unless I have specified a different veterinary clinic below, in which case Doggy Daycare must transport my dog(s) to the veterinary clinic specified below:

Name of Clinic: _____

Address: _____

Phone Number: _____

Other Notes: _____

Alternatively, I authorize Doggy Daycare to transport my dog(s) to the nearest after-hours veterinarian or veterinary emergency hospital/clinic if such treatment is medically necessary and the veterinary clinic specified above is closed. I authorize medical treatment as deemed necessary by a veterinarian. I understand and agree to be fully responsible for any costs resulting from care given to my dog(s), and I indemnify Doggy Daycare from any financial liability.

I understand and acknowledge that Doggy Daycare and Spring Meadow are separate businesses yet share common ownership. I understand that this will not in any way affect the authorization provided above, the quality of care or the medical treatment my dog(s) will receive.

If veterinarian expenses are likely to exceed \$_____, contact me before further treatment is given. I agree that Doggy Daycare is released from all liability related to transportation to and from the veterinarian and from any and all liability for illness, injury or death resulting from such treatment.

This Vet Release remains valid for all visits for the dog identified above unless revoked in writing issued to Doggy Daycare.

Owner's Signature: _____ Date: _____