



### Veterinary Release Form

The Dog House of Elliott requires all clients to complete a Veterinary Release Form. In the event of an emergency, The Dog House of Elliott will make every attempt to contact the owner, the secondary owner, and the emergency contact. In the event that no contact can be reached, The Dog House of Elliott will seek appropriate medical care for your pet(s). The Dog House of Elliott will make every attempt to take your pet(s) to the Veterinarian listed below, however, if your Veterinarian is not available, The Dog House of Elliott will bring your pet(s) to an appropriate clinic.

#### Veterinarian Information

Veterinarian Name Office Name: \_\_\_\_\_

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

City / State / Zip Code: \_\_\_\_\_

Office Phone Other Phone: \_\_\_\_\_

I \_\_\_\_\_ (client name) agree to the following:

1. In the case of an emergency, I understand that The Dog House of Elliott will make every attempt to contact the primary owner, secondary owner, and emergency contact.
2. If no contact can be reached, I authorize The Dog House of Elliott to seek appropriate medical treatment for my pet(s).
3. I understand that every effort will be made to take my pet(s) to the above Veterinarian, however, I authorize The Dog House of Elliott to seek treatment for my pet(s) at any appropriate clinic, if necessary.
4. I give permission to The Dog House of Elliott to approve treatment up to:  
 No limit     \$250     \$500     \$1000     other \$
5. I authorize The Dog House of Elliott and the Veterinarian caring for my pet(s) to share all medical records of my pet(s) with emergency vet clinics in an effort to provide the best care possible.
6. I agree to assume full responsibility for payment and reimbursement for any and all veterinary services rendered.
- 7. I understand that The Dog House of Elliott assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment, and expenses.**
8. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time The Dog House of Elliott cares for my pet(s).

Printed Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Office Notes: \_\_\_\_\_ Date: \_\_\_\_\_