THE MARYLAND PET BUTLER

Contact: Kai Baker Office: 301-503-7760

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Veterinarian Release

Date:	File Number:
Owner's Name:	Owner's Phone Number:

Dog Information	Veterinarian Information
Dog Breeds:	Veterinarian:
Dog's Names:	Address:
Birth Dates:	Phone:
Known medical conditions:	
emergency, I authorize you (veterinarian) to ac	er will be caring for my dog(s). In the event of an distribution distribution distribution may return.
I,, give dog(s) to the above veterinarian and authorize treating and authorize treat	The Maryland Pet Butler LLC permission to transport my atment in the event of an emergency or sickness.
	Maryland Pet Butler LLC to transport my dog(s) to a emergency care is needed after regular office hours, an Emergency Clinic/Hospital.
• .	approve treatment up to \$ (input be responsible for all charges upon my return including, insportation fees.
I agree that The Maryland Pet Butler LLC is released veterinarian and treatment for sickness or emerge	I from all liability related to transportation to and from ency.
This release will remain valid for all current and fu	ture visits unless a new release is signed.
Payment Information on file for Veterinarian: ☐ I will leave credit card # with vet ☐ The vet of	fice will bill me
Client's Signature Da	<u> </u>