



Highland Lakes Crate Escape, Inc

512-755-3906 or 512-755-3840

Veterinary Release

Veterinarian or Pet Hospital: _____

Address: _____

Phone Number: _____

To the Hospital:

Highland Lakes Crate Escape, Inc., has been contracted to pet site for my pet(s) _____ and has my permission to place them in your care in case of an emergency. Highland Lakes Crate Escape, Inc., partners will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below.

Pet Owner: _____

Address: _____

Phone: _____

Pet(s): _____

- 1) If above named veterinarian is not available, I agree that another vet at the practice may care for my pet(s). If no vet is available at the above, I give Highland Lakes Crate Escape, Inc., partners to take my pet(s) to the nearest animal hospital for emergency care.
- 2) I give permission to Highland Lakes Crate Escape, Inc., to approve treatment up to \$ _____ (initial _____) in case you can't contact me, or my emergency contact number located on my intake form with Highland Lakes Crate Escape.
- 3) I understand the Highland Lakes Crate Escape, Inc., assumes no responsibility for the loss of any pet and is released from all liability related to treatment. I also agree to be responsible for all special services assessed by Highland Lakes Crate Escape for emergency transportation, care, or supervision and will pay such fees when I return from out of town.
- 4) Other conditions, if any: _____

My pets have had the following health issues:

This consent for treatment has no expiration date and grants permission for future veterinary care without the need for additional authorization each time Highland Lakes Crate Escape cares for one or more of my pets unless otherwise noted.

Client Signature