**VETERINARY INSTRUCTIONS**

**AND RELEASE FORM**

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| Owner’s Full Name: |
| Address: |
| Contact Telephone: |
| Mobile: |
| Emergency Contact Name: |
| Emergency Contact Telephone: |

|  |
| --- |
| Pet’s Name: |
| Description: |
| Age: |
| Medical conditions/medication: |
|  |
| Pet’s Name |
| Description: |
| Age: |
| Medical conditions/medication: |
|  |
| Pet’s Name: |
| Description: |
| Age: |
| Medical conditions/medication: |

If any of the pets named above becomes ill or is injured, I request that a representative of my pet care provider **Bark Place** take the pet(s) to:

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| --- |
| Veterinary Office Name: |
| Address: |
| Phone Number: |

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| --- |
| Alternate Veterinary Office Name: |
| Address: |
| Phone Number: |

**Bark Place** and its representatives are released from all liability related to any prior medical condition my pet(s) had/has that would cause him/her to get easily injured or ill.

I give permission to my pet caregiver **Bark Place** to transport my pet(s) to and from the veterinary clinic to seek treatment for any of my pets as listed above and to approve treatment for fees and charges up to $\_\_\_\_\_\_\_\_\_\_. I give permission for the veterinarian to administer care and/or medications.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above-stated amount.

If neither of the veterinary offices named above is available, I authorize my pet caregiver to take my pet/s to another veterinary office for treatment. I understand that the caregiver cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below whenever my pet grooming provider **Bark Place** cares for my pet(s):

Owner’s Signature:

Date:

Owner’s Name (please print):