

## Veterinary Information and Release

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** M / F

Date of last Rabies, Bordatella, and leptospirosis vaccinations: Canine B and L

**R:** \_\_\_\_\_

**B:** \_\_\_\_\_

**L:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** M / F

Date of last Rabies, Bordatella, and leptospirosis vaccinations:

**R:** \_\_\_\_\_

**B:** \_\_\_\_\_

**L:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** M / F

Date of last Rabies, Bordatella, and leptospirosis vaccinations:

**R:** \_\_\_\_\_

**B:** \_\_\_\_\_

**L:** \_\_\_\_\_

If any of pets identified above becomes ill or is injured, I request Provider transport the pet(s) to:

### Primary Veterinary Office

Name: \_\_\_\_\_

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

Alternate Veterinary Office Name: \_\_\_\_\_

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

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. I acknowledge that I will be responsible for payment of the extra time and transportation as needed to provide such services.

If neither of the veterinary offices named above is available, I authorize Provider to take/transport my pet(s) to a veterinary office of his or her choice. I understand that Provider is not responsible for the results of the veterinary treatment or the loss of my pet.

All known medical and behavioral history of my pet(s) has been disclosed to Provider. I specifically represent that my pet(s) has/have not been exposed to rabies or distemper within thirty days immediately prior to care. I further warrant that my pet(s) is/are current on all vaccinations.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_