



VETERINARY RELEASE FORM

Emergency Pet Hospital Name: _____

Address: _____

Phone: _____

Primary Veterinarian Name: _____

Address: _____

Phone: _____

Pet Owner Name: _____

Pet Owner Address: _____

Pet Owner Phone: _____

Pet Name(s) _____

TO THE VETERINARIAN AND/OR HOSPITAL:

I, _____, have hired BZ Pet Company to pet sit/care for my pet(s)

Printed Owner Name

_____, and has my permission to place them in your care in

Printed Pet Name

case of emergency. Stacy De Nooy or one of her business 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.

- 1) If the above named veterinarian is not available I agree that another veterinarian in his/her practice may care for my pet(s). If neither of these veterinarians are available I give permission for Stacy De Nooy or her business partners to take my pet(s) to the nearest pet hospital or emergency clinic.
- 2) I authorize Stacy De Nooy or her business partners to approve treatment up to the dollar amount of \$ _____ **(initial here)** in case you can't contact me or my emergency contact listed on my agreement with Stacy De Nooy.
- 3) I understand that Stacy De Nooy and her business partners assume no responsibility for the loss of my pet and is released from all liability related to treatment. I also agree to be responsible for all special services assessed by BZ Pet Company for all

emergency transportation, care or supervision and will pay such fee when I return to my home.

4) Other Terms/Conditions:

My pet(s) have the following known health issues: (N/A if applicable)

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

Client Name Printed: _____

Client Name Signed: _____

Date: _____

*****Please keep one copy of this form for your records, provide a copy of this form to your veterinarian's office and one copy for BZ Pet Company.*****