



AB Petcare Veterinary Medical Care Release Form

In the event of a medical emergency, **AB Petcare** will attempt to contact **Client** by phone. If **Client** cannot be reached by phone, this form will allow **AB Petcare** to provide care for **Client's** pet(s).

Client Information

Name: _____

Address: _____

Cell Phone: _____

Pet Information

Name: _____ Breed: _____ Color: _____

Name: _____ Breed: _____ Color: _____

Name: _____ Breed: _____ Color: _____

Primary Veterinary Information

Name of Clinic: _____

Address: _____

Phone Number: _____

I, _____ (**Client**) hereby gives **AB Petcare** my express permission to take my pet(s) to the above-mentioned vet (or closest open facility if primary vet is not available) in the event of an emergency. I give permission for the veterinarian to administer any care or medications necessary up to the amount of \$_____.

I will assume full responsibility for the payment for any and all veterinary services provided, or I will reimburse **AB Petcare** in the event they pay the veterinarian.

Client

Date