



Veterinary Release Form

I hereby request and authorize my vet to release any health information, including vaccinations, dates, prior health concerns, any time while my pet is staying at Red Barn Pet Resort.

I release the veterinarian and staff from any legal responsibility or liability for the release of this information.

Pet Owners Name _____

Pets Name _____

Vet Clinic Name _____

Vets Name (if applicable) _____

Pet Owners Signature _____

Date _____