

Veterinary Release Form

Customer	nformation.		
Customer N	ame:		
Address:			
Contact Nur	mber:	Email:	
Vet Inform	ation.		
Vet Name:	Vets 4 Pets Waterlooville	Telephone Number:	023 9225 6510
Address: W	ellington Retail Park, 2 Ham	bledon Road, Waterlo	poville, Hampshire, PO7 7FG
Pet Inform	ation.		
Pet's Name:		Sex: Breed:	
Colour:	Mic	rochip Number:	Neutered:
Known med	ical conditions:		

During my absence, Appleton's Doggy Home Boarding & Day Care will be caring for my pet(s). In the event of an emergency, I authorise you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.
I,, give Appleton's Doggy Home Boarding & Day Care permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness. If this veterinarian is not available, I authorise Appleton's Doggy Home Boarding & Day Care to transport my pet(s) to a veterinarian of choice and authorise treatment.
If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital. I give permission to Appleton's Doggy Home Boarding & Day Care to approve treatment up to £(input maximum £ amount or "no limit").
I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.
I agree to authorise a veterinarian to euthanize my pet in extreme circumstances after all reasonable attempts have been made to reach me or my emergency contact. In the event of my pet's death, I would like the pet cremated / kept at vet / other:
I agree that Appleton's Doggy Home Boarding & Day Care is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.
This release will remain valid for all current and future visits unless a new release is signed.
Signed Date:
Print Name: