

Companion Animal Wellness LLC

VETERINARY MEDICAL CARE RELEASE FORM

In the event of a medical emergency I will attempt to contact you by phone. If I cannot contact you by phone, this form will allow me to provide care for your pet.

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Pet Information

Name: _____ Breed: _____

Color: _____

Name: _____ Breed: _____

Color: _____

Primary Veterinary Information

Name of Clinic: _____

Address: _____

Phone number: _____

Companion Animal Wellness LLC

I, _____ (pet owner) hereby give Companion Animal Wellness LLC my express permission to take my pet/s to the above-mentioned veterinarian (or to the closest open facility if the primary vet is not available). I give permission for the veterinarian to administer any care or medications necessary.

I will assume full responsibility for the payment for any and all veterinary services provided.

Signed: _____

Date: _____