



VETERINARIAN RELEASE

(One copy to be on file with Flying Fur Pet Salon and one copy to be on file with vet)

VETERINARIAN Name & Phone: _____ Hospital: _____ Address: _____ City, State, Zip: _____
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PET(S) Name & Breed: _____ Name & Breed: _____ Name & Breed: _____ Name & Breed: _____

TO THE HOSPITAL/VETERINARIAN: During my absence, Flying Fur Pet Salon Danielle Thompson, Owner or an employee of Flying Fur Pet Salon has been contracted to care for my pet(s). In the event that I cannot be reached immediately, I authorize necessary treatment and transportation for my pet(s) and will be responsible for any and all payment associated with this treatment.

PET OWNER INFORMATION Name & Phone: _____ Address: _____ City, State, Zip: _____ Emergency Contact & Phone: _____
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1. If the above named veterinarian is not available, I agree that another vet in his / her practice may care for my pet(s). If no veterinarian is available, I give Flying Fur Pet Salon permission to transport my pet(s) to the nearest veterinarian or nearest animal hospital or emergency clinic.
2. In the event that you cannot contact me, or the emergency contact listed to express consent, I give Flying Fur Pet Salon permission to approve treatment up to \$_____. (Initial _____)
3. I understand that Flying Fur Pet Salon is not responsible for the loss of any pet and is released from all liability related to treatment.
4. Other conditions (if any): _____

My pet(s) has / have had the following health issues: _____

Pet Owner Signature

Date

I decline any necessary medical treatment for my pet(s). Flying Fur Pet Salon will not be held liable.

*This consent for treatment has no expiration date and grants permission for future veterinary care without the need for additional authorization.