



Veterinarian Release

Contact: Sean
Office: 617-935-2389
Email: Dogrussean@aol.com

Pet Information

Veterinarian Information

Type of Animals: _____ Veterinarian: _____

Animal's Names: _____ Address: _____

Birth Dates: _____ Phone: _____

Known medical conditions: _____

During my absence, Dogs R Us will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Dogs R Us 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 authorize Dogs R Us to transport my pet(s) to a veterinarian of choice and authorize 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 Dogs R Us to approve treatment up to \$_____ (input maximum dollar 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 that Dogs R Us 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.

Client's Signature _____ Date _____