



## Veterinary Release Form

Owners Full Name : .....

Address : .....

.....

.....

Contact Number : ..... Mobile : .....

Emergency Contact Name : .....

Emergency Contact Number : .....

Pet Name : ..... Description : .....

DOB : ..... Medical Conditions / Medication : .....

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Pet Name : ..... Description : .....

DOB : ..... Medical Conditions / Medication : .....

.....

.....

Pet Name : ..... Description : .....

DOB : ..... Medical Conditions / Medication : .....

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If any Pet named on this form become ill or injured, I request .....

..... Of Horsham's Crazy Dog Lady take the Pet(s) to : -

Veterinary Office Name : .....

Address : .....

Contact Number : .....

Pet Insurance Company : .....

Pet Insurance Number : .....

Policy Number : .....

I hereby authorise the attending veterinarian to treat any Pet as listed on this form, and I accept all responsibility for all fees and charges incurred in the treatment of any of my pets.

The Dog Walker is authorised to transport my Pet(s) to and from the veterinary clinic for treatment or to request 'On-Site' treatment if deemed necessary. If I cannot be reached in case of emergency, the walker shall act on my behalf to authorise any treatment, excluding euthanasia.

I give my permission to approve treatment up to £1000 and I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

Dog Walker - Full Name : .....

Dog Walker Signature : .....

Owners Signature : .....

Date : .....