



## Veterinary Release Form

### OWNER INFO

Pet Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (      ) \_\_\_\_\_

### VETERINARIAN INFO

Hospital Name \_\_\_\_\_  
Vet's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (      ) \_\_\_\_\_

### TO THE HOSPITAL/VET CLINIC

Kathy's Pupper Doodles (KPD) has been contracted to pet sit (walk, drop-in visit, etc) for my pet(s) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and has my permission to place them in your care in case of an emergency. Kathy Webster of KPD will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees for services rendered. ( \_\_\_\_\_ Initial)

- 1 If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. ( \_\_\_\_\_ Initial) If another vet is not available, I give my permission for Kathy Webster to take my pet(s) to the nearest animal hospital or emergency clinic. ( \_\_\_\_\_ Initial)
- 2 I give permission for Kathy Webster to approve treatment up to \$ \_\_\_\_\_ in the event you cannot contact me or my emergency contact listed on my contract with KPD. ( \_\_\_\_\_ Initial)
- 3 I agree to be responsible for all special services assessed by Kathy's Pupper Doodles for emergency transportation, care, or supervision and will reimburse/pay for such fees when applicable. ( \_\_\_\_\_ Initial)

This consent for treatment has no expiration date and grants permission for future veterinary care without the need for additional authorization each time Kathy's Pupper Doodles cares for one or more of my pets unless otherwise noted.

\_\_\_\_\_  
Owner / Client

\_\_\_\_\_  
Date