

Veterinarian Release



All Paws on Deck

Contact: Lisa Church
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Date:	
Owner's Name:	Owner's Phone Number:

Dog Information

Dog Breeds: _____

Dog's Names: _____

Birth Dates: _____

Known medical conditions: _____

Veterinarian Information

Veterinarian: _____

Address: _____

Phone: _____

During my absence, All Paws on Deck will be caring for my dog(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 All Paws on Deck permission to transport my dog(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize All Paws on Deck to transport my dog(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my dog(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to All Paws on Deck 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 to authorize veterinarian to euthanize my dog in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

In the event of my dog's death, I would like the dog cremated / kept at vet / other: _____.

I agree that All Paws on Deck 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