

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