Veterinarian Release

Pet Parent: _____ Phone: _____

Local Veterinarian Practice Name:_____

Known issues for any current pet; _____

_____

_____

During my absence, DOG KIDZ COUNTRY DAYCARE & BOARDING will be caring for my pet(s). In the event of an emergency, I authorize Dog Kidz to seek medical treatment and I authorize the veterinarian to provide services as agreed upon. Dog Kidz will act as my agent if I am not reachable.

Initial Ea

I authorize Dog Kidz to seek medical treatment and to transport my pet to the practice. _____

I authorize my current local veterinarian to provide medical services as needed. If I am not reachable, I authorize Dog Kidz to be my agent in medical decisions. _____

If my vet is not available for any reason, or if urgency requires, I authorize the use of another vet or emergency service. I authorize this veterinarian to perform needed medical services. _____

I give permission to Dog Kidz to approve treatments up to $_____ _____
(enter maximum dollar amount or "no limit")

I agree to be responsible for all charges including, but not limited to, vet fees, medications, and transportation fees. _____

This release will remain valid for all current and future visits and pets unless a new release is signed.

Client's Signature:_____

Print Name_____ Date: _____

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