

Veterinary Release Form

This document serves as an official authorisation for the delivery of veterinary medical services.

By completing and signing this form, the owner expressly consents to veterinary practitioners administering all necessary medical treatments and to the release or access of pertinent medical records for the animals listed herein.

| | |
|---------------------|--|
| Owner's Name | |
| Address | |
| Phone Number | |
| Work Number | |

| | |
|-------------------------|--|
| Pet 1 Name | |
| Description | |
| DOB | |
| Medications | |
| Microchip Number | |

| | |
|-------------------------|--|
| Pet 2 Name | |
| Description | |
| DOB | |
| Medications | |
| Microchip Number | |

If any of the pets named above becomes ill or is injured, I request the visitor to take my pets to:

| | |
|-------------------------------|--|
| Veterinary Office Name | |
| Address | |
| Phone Number | |

| | |
|-------------------------|--|
| Pet Insurance No | |
| Policy Company | |

TO WHOM IT MAY CONCERN

I authorise the attending vet to treat my pets listed above and accept full responsibility for all related fees.

The Dog Walker/Pet Visitor is authorised to transport my pet(s) to and from the vet or request on-site treatment if necessary. If I am unreachable in an emergency, the walker may authorise treatment (excluding euthanasia).

| | |
|---|--|
| Dog walker/Pet Visitor Signature | |
| Pet Owner's Signature | |
| Date | |