

Scruffs
13 Newlaithes Gardens
Horsforth
LS18 4JU

Veterinary Release from

Customer information

Customers name	
Customers address	
Contact telephone	
Email	

Vet Information

Vet name	
Address	
Telephone number	
Email address	

Pet Information

Pets name	
Breed	
Sex	
Description	
Neutered	
Microchip number	
Known medical conditions	

During my absence,.....will be caring for my pet/s. In the even of an emergency, I authorise you (veterinarian) to administer medical treatment and will I will be responsible for payment to you(veterinarian) upon my return.

I,
.....(pet owner)

Give.....
.....(pet Carer scruffs)

Permission to transport my pet/s to the above veterinarian and authorise treatment in the event of emergency or sickness.

If this veterinarian is not available, i authorise.....(pet Carer scruffs)

To transport my pet/s to a veterinarian of choice and authorise treatment. If emergency are is needed after regular office hours, my pet/s may be take to the nearest veterinarian emergency hospital.

I give permission to.....(pet Carer scruffs)

To approve treatment up to £..... (input maximum £ 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 authorise a veterinarian to euthanise my pet in **extreme circumstances** after all reasonable attempts have been made to reach me or my emergency contact.

In the event of my pets death, I would like the pet cremated/ kept at the vet/ other

.....

I agree that.....(pet Carer scruffs) is released from all liability related to transportation to and from veterinarian and treatment for sickness and emergency. This release will remain valid for all current and future visits, unless a new release is signed.

Signed.....

date.....

Print name.....