



Spoiled Rotten Pet Services

Veterinary Release

Pet Information

Veterinarian Information

Type of Animals: _____ Veterinarian: _____

Animal's Names: _____ Address: _____

Birth Dates: _____ Phone: _____

Known medical conditions: _____

During my absence, Spoiled Rotten Pet Services will be caring for my pet(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 Spoiled Rotten Pet Services permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Spoiled Rotten Pet Services to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to Spoiled Rotten Pet Services 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 pet in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

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

I agree that Spoiled Rotten Pet Services 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