

Veterinary Release Form

Pet Owner's Full Name(s): _____

Address: _____

Telephone/Mobile: _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____

Pet Details

Pet No 1. Name: _____

Description: _____

Age: _____

Medical conditions/medication (prescription/OTC): _____

Pet No 2. Name: _____

Description: _____

Age: _____

Medical conditions/medication (prescription/OTC): _____

Pet No 3. Name: _____

Description: _____

Age: _____

Medical conditions/medication (prescription/OTC): _____

Vet Details

If any of the pets named above becomes ill or are injured, I request and authorise Walk Our Woofers to take the pets to:

Veterinary Office Name: _____

Address: _____

Contact Telephone: _____

Alternate Veterinary Office Name: _____

Address: _____

Contact Telephone: _____

Insurance

Pet Insurance No: _____

Policy Company: _____

TO WHOM IT MAY CONCERN

I, the owner of the pets listed above, hereby authorise the attending veterinarian (practice details as above) to treat any of my pets as listed above and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

Walk Our Woofers is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, the walker shall act on my behalf to authorize any treatment excluding euthanasia. I give permission to approve treatment up to £1,000.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

Pet Owner's Signature: _____

Date: _____