

Veterinarian Release Form

General Information	Vet Information
Owner	Veterinarian
Dog's Name	Address
Dog's Age /Description	Phone / Email
Medical Conditions/Health Issues:	

This is to inform you that Katheryn Weaver of Klaws Paws and Hooves (KPH) will be caring for my dog in my absence. In the event of an emergency, I understand that every effort will be made to contact me. If it should become medically necessary for my dog to receive professional treatment, I give KPH permission to transport my pet(s) to my vet, _____ or to the nearest after hours Vet Emergency Hospital. I authorize medical treatment as deemed necessary by a Vet and I understand that I am fully responsible for any and all costs resulting from care given to my dog(s).

If the cost of medical expenses are going to exceed \$_____ I wish to be contacted immediately before further treatment is given.

I agree that KPH is released from all liability related to transportation to and from the Vet. I agree that KPH is not in any way financially responsible for treatment given to my dog for sickness or emergency.

This agreement will remain valid for all visits unless a new one is signed.

Client's signature

Date