

Veterinarian Release



Date: _____	File Number: _____
Owner's Name: _____	Owner's Phone Number: _____

Pet Information

Breeds: _____
Names: _____
Birth Dates: _____
Known medical conditions: _____

Veterinarian Information

Veterinarian: _____
Address: _____
Phone: _____

During my absence, Alpha K9 U, LLC 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 Alpha K9 U, LLC 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 Alpha K9 U, LLC to transport my pet(s) to Fishers Veterinary Associates and authorize treatment/sedation as needed. I authorize Alpha K9 U, LLC Employees may give medication as needed as prescribed by the Fishers Veterinary Associates. 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 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 that Alpha K9 U, LLC 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.

Payment Information on file for Veterinarian:

I will leave credit card The vet office will bill me

Client's Signature

Date