

Veterinary release form



Owner's Full Names:

Pet / Pets Names:

Physical Address:

Telephone Number 1:

Telephone Number 2:

VET Name

VET Address

VET Tel Num

TO WHOM IT MAY CONCERN

I hereby authorise the attending veterinarian to treat any of my pets as listed on the Pet Information sheet and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

The Dog Walker is authorised 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 authorised any treatment excluding euthanasia.

Dog Walker's Full Name: Joanne Stock & Andrew Hulbert

Owner's Signature:

Date: