



VETERINARIAN RELEASE

Name:	
Phone:	
Pets:	

Pet Information		Veterinarian Information	
Type of Animals:		Veterinarian:	
Animal's Names:		Address:	
Birth Dates:		Phone:	

OUR EMERGENCY VETERINARIAN

VCA Veterinary Referral Associates
 500 Perry Parkway
 Gaithersburg, MD 20877
 (301) 926.3300

KNOWN MEDICAL CONDITIONS:

During my absence, Wags to Whiskers, 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 Wags to Whiskers, LLC permission to transport my pet(s) to the above veterinarian and to authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Wags to Whiskers, LLC 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 Wags to Whiskers, LLC 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 my pet cremated/kept at vet/other:

I agree that Wags to Whiskers, LLC is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

Payment information on file for veterinarian:

<input type="radio"/>	I will leave credit card
<input type="radio"/>	The vet office will bill me

Client's Signature	Date