

Veterinary Release Form

Pet Information	
Customer name:	Pet Name:
Address:	Postcode:
	Email:
Vet Information	
Vet name:	
Known medical	
pet(s). In the event treatment and I will	Roberta Giacovelli of Robbie's Dog Walking will be caring for my of an emergency, I authorise you (veterinarian) to administer medical be responsible for payment to you (veterinarian) upon my return. _ give Robbie's Dog Walking permission to transport my pet(s) to the
If this veterinarian is to a veterinarian of	nd authorize treatment in the event of an emergency or sickness. not available, I authorise Robbie's Dog Walking to transport my pet(s) choice and authorise treatment. If emergency care is needed after my pet(s) may be taken to the nearest Veterinarian Emergency
I give permission to (input maximum £ a return including, bu I agree to authorise reasonable attempt	Robbie's Dog Walking to approve treatment up to £mount or "no limit"). I agree to be responsible for all charges upon my not limited to, vet fees, extra visit fees and transportation fees. Veterinarian to euthanize my pet in extreme circumstances after all have been made to reach me or my emergency contact. In the event would like the pet cremated/kept at vet/other:
I agree that Roberta	Giacovelli of Robbie's Dog Walking is released from all liability ation to and from veterinarian and treatment for sickness or
This release will remsigned.	ain valid for all current and future visits unless a new release is
	Signed: