



MEDICAL RELEASE FORM

PET INFORMATION

Type(s): _____

Name(s): _____

Birthdate(s): _____

Known medical conditions: _____

VETERINARIAN INFORMATION

Veterinarian: _____

Address: _____

Phone: _____

During my absence, Furball Fitness Dog Walking & Pet Care, 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 Furball Fitness Dog Walking & Pet Care, 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 Furball Fitness Dog Walking & Pet Care, 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 Hospital.

I give my permission to Furball Fitness Dog Walking & Pet Care, 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 that Furball Fitness Dog Walking & Pet Care, LLC is released from 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.

Signature of Owner: _____ Date: _____

Printed Name: _____