

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

Pet Information

Veterinarian Information

Veterinarian: _____

Animal's Names: _____

Birth Dates: _____

Known medical conditions: _____

During my absence, Paw Print Pet Resort 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 Paw Print Pet Resort permission to transport my pet(s) to a veterinarian and authorize treatment in the event of an emergency or sickness. Paw Print Pet Resort will only transport for a life threatening emergency.

All pet(s) needing veterinarian care will be seen by Dr. Harry Markham with Pet Calls

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 Paw Print Pet Resort 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.

In the event of my pet's death, I would like the pet cremated / kept at vet / other: _____.

I agree that Paw Print Pet Resort 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.

Client's Signature

Date