**Veterinary Release Form**

**Consent**

|  |  |
| --- | --- |
| Pet Information | |
| Customer Name | Pet Name |
| Address | |
|  | Post Code |
| Contact No | Email |
| Type/Description of Animal | |
| **Veterinarian Information** | |
| Vet Name | Contact No. |
| Address | |
|  | Post Code |
| Details of Out of Hours Provision | |
| Known Medical Conditions | |
| *During My Absence:*  Gwyneth Williamson (owner of SNOOTS Dog Walking and Pet Sitting Business) | |
| *will be caring for my pet(s). In the event of an emergency.*  q Yes  *I authorise you (veterinarian) to administer medical treatment and I will be responsible for payment to you (veterinarian) upon my return; or*  q Yes  *I authorise you (veterinarian) to administer medical treatment up to a maximum of £\_\_\_\_\_\_\_\_and I will be responsible for payment to you (veterinarian) upon my return.* | |
| **Permissions**  *As the pet owner, I give permission to transport my pet(s) to the above veterinarian and authorise treatment in the event of an emergency or sickness.*  q Yes  q No | |
| *If this veterinarian is not available, I authorise the Pet Care Service Provider, SNOOTS, to transport my pet(s) to a veterinarian of the Pet Care Service Provider’s choice and authorise 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 Gwyneth Williamson (owner of SNOOTS Dog Walking and Pet Sitting) | |
| to approve treatment up to...  (Input maximum £ amount or “no limit”) | |
| **Responsibility For Charges**  I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.  q Yes  q No | |
| **In Extreme Circumstances**  I agree to authorise the veterinarian to euthanise my pet in extreme circumstances after all reasonable attempts have been made to reach me or my emergency contact. | |
| **Funeral Arrangement Instructions**  In the event of my pet’s death, I would like my pet...  *Cremated / Kept at vet /Other* (please state) | |
| **Release From Liability**  I agree that Gwyneth Williamson (owner of SNOOTS dog Walking and Pet Sitting Business) | |
| … is released from all liability related to the transportation to and from the veterinarian and treatment for sickness or emergency. This release will remain valid for all current and future visits unless a new release is signed.  q Yes  q No | |
| **Pet Owner’s Signature** | |
| Signed | |
| Full Name | Date |