

Vet Release Form

| <i>General Information</i> | <i>Vet Information</i> |
|----------------------------------|------------------------|
| Owner's Name: | Veterinarian: |
| Dog(s) Name; | Address: |
| Dog(s) Name (Same order as Name) | Phone: |

4 Paws Inn will be caring for my dog(s), during my absence, In the event of an emergency, I understand that every effort will be made to contact me. If it should become medically necessary for my dog to receive professional treatment, I give 4 Paws Inn permission to transport my pet(s) to my vet, _____ to the Vet Hospital of their choice. I authorize medical treatment as deemed necessary by a Vet and I understand that I am fully responsible for any and all costs resulting from care given to my dog(s). If the cost of medical expenses is going to exceed \$ _____ I wish to be contacted immediately before further treatment is given. I agree that 4 Paws Inn is released from all/any liability related to transportation to and from the Vet. I agree that 4 Paws Inn is not in any way financially responsible for treatment given to my dog for sickness or emergency. This agreement will remain valid for all visits unless a new one is signed.

Signature

Date