

# Poppets Petcare

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## Veterinary Release Form

### Pet Information

Customer Name:.....Pet Name.....

Address.....

Postcode.....Contact Number..... Email.....

Type of Animals.....

### Vet Information

Vet Name:.....Telephone Number.....

Address.....

Known medical conditions.....

**During my absence,.....will be caring for my pet(s). In the event of an  
Emergency, I authorise you (Veterinarian) to administer medical treatment and will be responsible  
for payment to you (Veterinarian) upon my return.**

I, .....give .....permission to transport my pet(s)  
to the above veterinarian and authorise treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorise .....to transport my pet(s) to a veterinarian  
Of 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 .....to approve treatment up to £.....(input maximum £ 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 to authorise veterinarian to euthanize my pet in **extreme** circumstances after all responsible attempts  
Have been made to reach me or my emergency contact.

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

I agree that.....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.

Signed.....Date.....