



# Pawz N Clawz Pet Services, LLC

## Veterinary Release Form

**In the event of a medical emergency where Pawz N Clawz Pet Services cannot contact you to authorize care immediately and directly, Pawz N Clawz Pet Services will use this form to obtain care. A copy of this form will need to be supplied to your vet to be placed in your pet's file to expedite any emergency care needed.**

**\*\*\*Please print clearly\*\*\***

### Primary Veterinarian Information

Name of vet hospital or clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Name of preferred doctor: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner), give Pawz N Clawz Pet Services permission to transport my pet(s) to the veterinarian listed above and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Pawz N Clawz Pet Services 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 or clinic.

I give permission to Pawz N Clawz Pet Services to approve medical treatment up to \$ \_\_\_\_\_ (**input maximum dollar amount or "no limit"**) \_\_\_\_\_ per pet.

(\_\_\_\_ initial). I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. I also agree to be responsible for all special service fees assessed by Pawz N Clawz Pet Services for emergency transportation and care.

**I will keep a copy of my credit card on file with my veterinarian and/or pet service provider.** I understand Pawz N Clawz Pet Services will try to contact me as soon as possible in the event of a medical emergency.

I authorize Pawz N Clawz Pet Services and my primary veterinarian(s) to share all of the medical records of my animals with veterinary hospitals or clinics in an emergency in the interest of providing the best care for my ill or injured pet(s).

**List of Pets**

Name/Description or Breed: \_\_\_\_\_

I agree that Pawz N Clawz Pet Services assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment, and expense.

**Other conditions, if any:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This release will remain valid for all current and future visits unless a new release is signed. In signing this form, I agree that I have the authority to make health, medical and financial decisions regarding any pets that will be scheduled to receive pet service.

\_\_\_\_\_  
Pet Owner Signature

\_\_\_\_\_  
Pet Owner Printed Name

\_\_\_\_\_  
Date