



Veterinarian Release Form

Contact: Bob or Santana Mattice
Office: 403-506-8243
Email: masc@telus.net

Pet Information

Type of Animals: _____

Animal's Names: _____

Birth Dates: _____

Known medical conditions: _____

Veterinarian Information

Veterinarian: _____

Address: _____

Phone: _____

During my absence, The Doggie Door 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 The Doggie Door permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize The Doggie Door 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 Clinic/Hospital.

I give permission to The Doggie Door 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.

I agree that The Doggie Door 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