



## VETERINARY INSTRUCTIONS AND CONSENT FORM

Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Telephone number while you're away: \_\_\_\_\_  
Email: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
Description: \_\_\_\_\_  
Age: \_\_\_\_\_  
Medical conditions/medication: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
Description: \_\_\_\_\_  
Age: \_\_\_\_\_  
Medical conditions/medication: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
Description: \_\_\_\_\_  
Age: \_\_\_\_\_  
Medical conditions/medication: \_\_\_\_\_

If any of the pets named above becomes ill or is injured, I request that Doggie Relief take my pet(s) to:

Veterinary Office Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Alternate Veterinary Office Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

I certify that I am the owner of the above animal(s). I hereby grant permission to Doggie Relief to act in my behalf, and in my animal(s) best interest, by obtaining veterinary care at my expense for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its care with Doggie Relief.

Doggie Relief agrees to exercise all due and reasonable care to prevent injury or illness to my animal(s). However, in the event of illness or injury, the owner and employees of this company shall not be held personally liable for such injury or illness. I further agree to be liable for the full amount of the bill and understand that the bill is due and payable when services are rendered. I will assume full responsibility for the payment of veterinary services rendered.

If neither of the veterinary offices named above is available, I authorize Doggie Relief to take my pet(s) to another veterinary office for treatment. I understand that Doggie Relief cannot be held responsible for the results of the veterinary treatment or the loss of my pet. This agreement is valid starting on the date below when Doggie Relief provides service for my pet(s).

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Client