Veterinary release form

This provides us with permission to authorise veterinary treatment for your pet if we cannot get hold of you, the secondary owner or emergency contact. Please complete a separate form for each pet.

This form will be presented to the veterinary clinic.

| **Pet’s name** |  |
| --- | --- |
| **Name of the veterinary clinic they are registered to** |  |
| **Vet clinic’s address** |  |
| **Business hours** |  |
| **Vet clinic’s contact phone number (during business hours)** |  |
| **Vet contact phone number for emergency outside of business hours - if this is provided by a different clinic, please also provide the clinic’s name and address** |  |

**Please complete the following release statement:**

In the event of an emergency, I understand that Animal House will attempt to contact me (the owner), the secondary owner or the emergency contact provided for the care of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (pet name). Should none of the contacts provided be reachable, I authorise Animal House to seek appropriate medical treatment through the veterinary clinic named above up to the amount of £\_\_\_\_\_.

I further agree to reimburse Animal House any consultation fees payable to the veterinary clinic required within 14 days of receipt detailing fees incurred.

Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the registered owner of the pet named above.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_