

Stay 'n Play Pet Care

Contact: Debbie Jedele

Office: 217-328-4316

Email: debjedele@hotmail.com

Veterinarian Release

Veterinary Clinic: _____

Doctor: _____

Address: _____

Phone: _____

Pet(s):

Name/Age: _____ Medical Conditions: _____

Name/Age: _____ Medical Conditions: _____

Name/Age: _____ Medical Conditions: _____

Name/Age: _____ Medical Conditions: _____

During my absence, Stay 'n Play Pet Care 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 Stay 'n Play Pet Care permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of illness or injury.

If this veterinarian is not available or emergency care is needed, I authorize Stay 'n Play Pet Care to transport my pet(s) to the nearest emergency veterinary clinic.

I give permission to Stay 'n Play Pet Care 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 to authorize veterinarian to euthanize my pet in **extreme** circumstances after all reasonable 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 Stay 'n Play Pet Care 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.

Payment Info on file for Veterinarian: I will leave credit card The vet office will bill me

Client's Signature

Date