

Emily's Happy Critters Pet Care LLC
Veterinary Release Form

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, and we are unable to contact you at the time. Should you change veterinarians, please notify Emily Hamilton before service dates.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell/mobile: _____

Other: _____

To whom it may concern: During my absence, a representative of Emily's Happy Critters Pet Care LLC will be caring for my pet(s). I give Emily's Happy Critters my permission to transport my pets to my veterinarian (or emergency hospital). In the event I cannot be reached, I authorize Emily's Happy Critters Pet Care LLC to act as my agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts:

Animal Care: \$ _____

Specific limits on care: _____

Emily's Happy Critters Pet Care LLC reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be help if the clinic we utilize requires documentation from your primary clinic.

Veterinary Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that Emily's Happy Critters Pet Care LLC assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization.

Signature: _____ Date: _____