VETERINARY INSTRUCTIONS AND RELEASE FORM Pet's Name: **Description:** Age: Medical conditions/ medication: Pet's Name: **Description:** Age: **Medical conditions/medication:** Pet's Name: **Description:** Age: **Medical conditions/medication:** If any of the pets named above becomes ill or is injured, I request that, _____ take the pets to: **Veterinary Office Name:** Address: **Phone Number: Alternate Veterinary Office Name:** Address: **Phone Number:** I give permission to ______ to approve treatment up to \$ _____. I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. If neither of the veterinary offices named above is available, I authorize _____ to take my pet/s to another veterinary office for treatment. I understand that _____ 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 or whenever _____ cares for my pets:

Owner's Signature:

Owner's Name (please print): ______