



Veterinary Release

Hospital and Vet's Name: _____

Address: _____

Phone: _____

To the Hospital:

During my absence, a representative of **Creature Comforts** will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return. **Please file this form with my records.**

Pet Owner: _____

Address: _____

Phone: _____

Pet(s) Names: _____

I, _____ (client) hereby give **Creature Comforts** my express permission to transport any of my pets for care to the above-mentioned veterinarian.

I give permission to **Creature Comforts** to approve treatment up to \$ _____. I will assume full responsibility upon my return for payment of veterinary services rendered. (____ initial)

If above named veterinarian is not available, another vet in his/her veterinary group **is / is not** acceptable. If emergency care is needed after regular veterinary office hours, my pet(s) **may / may not** be taken to the nearest Emergency Veterinary Clinic. (____ initial)

I understand that **Creature Comforts** assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

I **do / do not** agree to authorize said veterinarian to euthanize my pet in extreme circumstances under his/her advisement after all reasonable attempts have been made to reach me. (____ initial)

This consent for treatment has no expiration date unless otherwise noted. A photocopy/facsimile of the signed consent shall have the same force and effect as the Client/Pet Owner's original signature.

Client Date

Client Date **Barrie Lynn dba Creature Comforts** Date

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