

Pet Medical Release

I, _____, owner of _____
herby give _____ my permission to bring the above
listed pet(s) to The Vets Animal Hospital or _____ should the
need arise.

I will be out of town between the dates of _____ and _____. I can be reached
via:

Phone: _____

Text: _____

Email: _____

If I am unavailable please contact:

Name: _____

Number: _____

Please initial the following options:

I give permission to treat up to \$ _____ Initials _____

or

Treat as recommended by the attending veterinarian. I agree to all charges that incur during this
time. Initials _____

In a life threatening emergency would you like CPR (additional charges will apply) _____

or DNR _____

If your pet were to pass away while you are gone, please let us know how you would like to
handle their end of life care.

Private cremation (ashes returned): _____ or Communal Cremation _____

If private cremation is chosen would you like standard cremation (flame): _____

or Aquamation (water based): _____

Would you like a clay paw print?: yes / no How many? _____

Additional comments/requests: _____

Signature: _____

Date: _____