



VETERINARIAN RELEASE

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Insured and Bonded

If you have a vet, please complete all of the information on the form below so that we may maintain accurate records for your pet. If you don't have a vet, please then just complete sections 2 and 3.

Section #1

Veterinarian Name: _____

Hospital Name & Address: _____

Phone Number(s): _____

To The Hospital: During my absence, a representative of Petaholics 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. **Please file this form with my records.**

Section #2

Pet Owner Name: _____

Pet Owner Address: _____

Pet Owner Contact Information: Home#: _____ Work#: _____

Cell#: _____ Email: _____

Emergency Contact Information: Name: _____ Phone: _____

Doorman Contact Information: Phone: _____

Section #3 (Hospital may require the following information)

Method of Payment: Credit Card Check Cash

Card Number: _____ Exp Date: _____ Security Code: _____

Pet Name(s): _____

I, _____ (pet owner) hereby give Petaholics my express permission to transport any of my pets for care to the above mentioned veterinarian (or to closest facility in the event of an emergency). I give permission for the hospital/clinic/doctor to administer whatever care/medications are necessary to care for my pet(s) With the exclusion of the following: _____ .

Just check here if you already have a copy on file with your hospital

Pet Owner Signature

Date

Petaholics Representative Signature

Date