

Client's Name: _____

Text: (310) 463-2627 (In Case of an Emergency Please Call)

Email: woofpurrla@gmail.com • Website: www.woofpurr.LA

VETERINARIAN RELEASE

• Part One: Client and Pet Information Form •

Client's Address: _____

Email Address: _____ Phone(s): _____

Emergency Person's Name(s) and Telephone Number(s)

(Please choose an emergency contact person(s) that can make decisions for your pet(s) if you are not available.)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

Known medical conditions: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

Known medical conditions: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

Known medical conditions: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

Known medical conditions: _____

(Additional pets and pet information, please list on the back of paper.)

Regular veterinarian must have credit card information on file. (A copy of your driver's license and a copy of the front and back of your credit card in a sealed envelope must be left at your house in case of pet being taken to emergency room. Please sign and state on the note that this is for services for your pet only.) Please contact office and let us know where you will be keeping the sealed envelope at your house. If your veterinarian is not available or pet needs to get to the nearest vet, I authorize Woof-Purr LLC to transport my pet(s) to a veterinarian of choice and authorize treatment. Treatment will be given as to the recommendation of the vet, if you or your emergency contact person is not available. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

Please Initial: _____

Client's Name: _____

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• Part Two: Veterinarian Information and Signature Form •

Veterinarian Information:

Clinic's Name: _____

Doctor: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

During my absence, Woof-Purr LLC will be caring for my pet(s).

In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Woof-Purr LLC permission to transport my pet(s) to the above veterinarian or nearest emergency hospital and authorize treatment in the event of an emergency or sickness.

- I give permission to Woof-Purr LLC to approve treatment up to \$_____ (input maximum dollar amount or "no limit"). It is very important that the maximum dollar amount is entered.
- I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.
- I agree to authorize veterinarian to euthanize my pet in extreme circumstances after all reasonable attempts have been made to reach me or reach my emergency contact.

In the event of my pet's death, I would like the pet cremated / kept at vet / other: _____

I have entered the above information as completely and accurately as possible.

By signing below the Client fully understands and agrees to the contents of this Agreement:



_____/_____/20_____
Client's Signature Date

*If anything changes, please notify us immediately by email along with a note left in an agreed area in your home.
This form will be kept on file for all future visits.*