



Veterinary Release Form

Pet Information:

Customer Name	
Pet Name and DOB	
Animal Type and Breed	
Address	
Contact Number	
Emergency Contact Number	
I can confirm that my pet is insured Y/N (if yes please provide details of provider and policy number)	

Vet Information

Vet Name	
Address	
Telephone Number	
Known Medical Conditions	

- During my absence WoofPatrol will be caring for my pet(s).
- In the event of an emergency, I authorise you (veterinarian) to administer medical treatment and I will be responsible for payment of all vet bills on my return.
- I give WoofPatrol permission to transport my pet(s) to the above vets and authorise treatment in the event of an emergency or sickness.
- If the above vet is not available I authorise WoofPatrol to transport my pet(s) to a vet of their choice and authorise treatment.
- I give WoofPatrol permission to authorise treatment up to £.....(input maximum £ amount or no limit)
- I agree to be responsible for all charges on my return.
- I understand that WoofPatrol is released from all liability related to transportation treatment and expense.

This release will remain valid for all current visits/walls unless a new release is signed

Signed.....

Date:.....