

## VETERINARY RELEASE FORM

In the event that my pet appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of the service or while in the care of Petopia, I, \_\_\_\_\_, give permission to Petopia to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinarian or emergency clinic may administer the proper medical attention necessary during which I, or other persons listed below, will be contacted for further approval of additional medical procedures.

**Primary Veterinarian clinic:** \_\_\_\_\_

**Primary Veterinarian(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Pet Insurance Provider (if applicable):** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

If Petopia is unable to get to my preferred veterinarian and/or emergency clinic in a timely fashion, they may take my pets to the veterinarian and/or emergency clinic deemed acceptable by Petopia.

I ask Petopia to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$\_\_\_\_\_ per pet/all pets. I understand that efforts will be made to contact me regarding any treatment, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I agree to allow Petopia to use their best judgment in handling these situations, and I understand that Petopia and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all additional fees assessed by Petopia for emergency transportation, care, or supervision of your pet(s) at \$25 per hour, and will pay such fees within 14 days of each incident.



I further authorize Petopia and my primary veterinarian(s) to share all of the medical records of all my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Petopia cares for one or more of my pet(s). I understand that this agreement applies to each of the pet(s) within Petopia's care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animal(s) that will be scheduled to receive Petopia's services.

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**Owner's Name (please print):** \_\_\_\_\_

**Home Number:** (\_\_\_\_) \_\_\_\_\_      **Work Number:** (\_\_\_\_) \_\_\_\_\_

**Mobile Number:** (\_\_\_\_) \_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_

**Home Number:** (\_\_\_\_) \_\_\_\_\_      **Work Number:** (\_\_\_\_) \_\_\_\_\_

**Mobile Number:** (\_\_\_\_) \_\_\_\_\_

**Name of Pet(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

