Kittn' Sittn'

Veterinary Release Form

Owner Information

Primary Owner

Name _____

Phone Number _____

Alternative Phone Number _____

Secondary Owner or Contact

Name _____

Phone Number _____

Alternative Phone Number _____

Pet Information

Name _____

Gender _____

Species _____

Existing Medications or Health Concerns:

Pet Information Cont.

Name _____

Gender _____

Species _____

Existing Medications or Health Concerns:

Name _____

Gender _____

Species _____

Existing Medications or Health Concerns:

Name _____

Gender _____

Species _____

Existing Medications or Health Concerns:

Name _____

Gender _____

Species _____

Existing Medications or Health Concerns:

Name _____

Gender _____

Species _____

Existing Medications or Health Concerns:

Primary Veterinarian Information

Name of Clinic _____

Address _____

Phone Number _____

Emergency Veterinarian Information*

Name of Clinic _____

Address _____

Phone Number _____

I, hereby give my express permission for Mara Duening to transport my pet(s) to the above-mentioned veterinarian (or to an emergency veterinarian if the primary veterinarian is unavailable).

I authorize the veterinarian to provide any care or administer medications necessary, up to a maximum of $ _____ per pet without my additional consent.

I understand and agree that I will assume full responsibility for payment of all veterinary services provided up to this amount.

Signature _____ Date _____

*Please note: the emergency veterinarian listed above will be considered your preferred provider. However, in the event of an emergency, your pet(s) may be taken may be taken elsewhere to provide the quickest possible care in an emergency.