



Veterinarian Release Form

FROM: "DOG WALKS 'N More" or Designated IC
Vicky R. Minneti/Owner Fax (858) 547-9276/dogwalksnmore@aol.com

FAX TO: Office Manager/Vet Technician

VET FILE ON: Pet Parent: _____ Pet Name(s): _____

Dates Caring for Pet(s): _____

Vet Name & Hospital: _____

Phone Number: _____

Fax Number: _____

To Vet Facility: During pet owner's absence **DWNM or IC** will be caring for my pet(s).

Pet Parent(s): _____

Address: _____

Phone Number: _____

I, _____ (**Pet Parent**), hereby give **DWNM or IC** my express permission to transport my pet(s) for care to the above mentioned Veterinarian or to closest Vet Facility in the event of emergency.

I give permission for the Vet Hospital/Clinic/Doctor to administer whatever care/medications necessary to care for my pet(s) up to an amount of \$_____. If additional funds are necessary, please contact owner for authorization.

Payment: Contact Pet Parent 1st _____ Utilize Owner Credit Card: _____ # _____ exp: _____
Check # _____

In the event of Pet's Death: Contact Pet Parent

Pet Parent date DWNM or IC date