



Veterinary Release Form

Pet Information

Customer name: _____ Pet Name: _____
Address: _____ Postcode: _____
Contact number: _____ Email: _____
Type of Pet/s: _____

Vet Information

Vet name: _____
Address: _____
Contact number: _____
Known medical conditions: _____

During my absence, Roberta Giacobelli of Robbie's Dog Walking 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 to you (veterinarian) upon my return.

I, _____ give Robbie's Dog Walking permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorise Robbie's Dog Walking to transport my pet(s) to a veterinarian of choice and authorise treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to Robbie's Dog Walking to approve treatment up to £ _____ (input maximum £ amount or "no limit"). 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 authorise veterinarian to euthanize my pet in extreme circumstances after all reasonable attempts have been made to reach me or my emergency contact. In the event of my pet's death, I would like the pet cremated/kept at vet/other: _____

I agree that Roberta Giacobelli of Robbie's Dog Walking is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Signed: _____
Date: _____

