



HOT DIGGITY DOG WALKING
 DOG WALKING. CAT CARE. LOVE

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VETERINARY INSTRUCTIONS AND RELEASE FORM

To the Veterinary Hospital:

Hot Diggity Dog Walking has been contracted to care for my pet(s) in my absence and has my permission to place them in your care in case of illness or an emergency. I understand that attempts to contact me will be made as soon as medical care is deemed necessary, however, in the event that I cannot be reached immediately, I ask Hot Diggity Dog Walking to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$ _____ per pet. I trust that efforts will be made to contact me regarding any treatments, illness, injury or potential problems as soon as the condition is deemed not life threatening or as soon as I become available.

I understand that Hot Diggity Dog Walking cannot be held responsible for the costs or results of the veterinary treatment or the loss of my pet and 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.

Pet's Name: _____

Description: _____

Age: _____

Medical conditions/medication: _____

Pet's Name: _____

Description: _____

Age: _____

Medical conditions/medication: _____

If any of the pets named above become ill, injured, or appears to be at significant risk of a medical problem, I request that Hot Diggity Dog take my pet(s) to any vet at their discretion. My preferred vets are:

Veterinary Office Name: _____

Address: _____

Phone Number: _____

Veterinary Office Name: _____

Address: _____

Phone Number: _____

This agreement is valid beginning on the date below and anytime thereafter when Hot Diggity Dog Walking cares for my pets.

Owner's Signature: _____

Owner's Name (please print): _____

Date: _____