



WALK  
HIKE  
PLAY

KIRKLAND DOG WALKING

# Veterinarian Release

|                       |                   |
|-----------------------|-------------------|
| Date:                 | Animal's Name(s): |
| Owner's Phone Number: | Owner's Name:     |

Pet Information

Veterinarian Information

Type of Animals: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Animal's Names: \_\_\_\_\_ Address: \_\_\_\_\_

Birth Dates: \_\_\_\_\_ Phone: \_\_\_\_\_

Known medical conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**During my absence, Nicole Rathje will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.**

I, \_\_\_\_\_, give Nicole Rathje 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 authorize Nicole Rathje to transport my pet(s) to a veterinarian of choice and authorize 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 Nicole Rathje to approve treatment up to \$\_\_\_\_\_ (input maximum dollar 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 authorize veterinarian to euthanize my pet in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

I agree that Nicole Rathje is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

Payment Information on file for Veterinarian:

- I will leave credit card
- The vet office will bill me

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date