

Vet Consent Form

(Given to vet facility for care, medicine, etc.)

Please **print clearly** and complete the **entire** form.

Parent(s) Name(s): _____
Last First MI Last First MI

Driver's License #: _____ () _____ ()
State State

Owner's Birth Dates: _____

Employer & ph#: _____

Cell Phone: () _____ () _____
Name Number Name Number

Home Phone: _____

Mailing Address: _____
Street City State Zip Code

Names of other person(s) authorized to make decisions, transport, care and/or pay on the behalf of owners. Owner(s) should have made prior arrangements with these contacts, so they are aware of the responsibilities given to them.

Note: These people should not live in your household. They must live in the United States.

Name: _____ Phone #'s: _____ State: _____

Name: _____ Phone #'s: _____ State: _____

Name: _____ Phone #'s: _____ State: _____

Name: _____ Phone #'s: _____ State: _____

I/We authorize the Veterinary Service of Critter Nanny Ltd.'s choice and all assistants of its choice to render and perform any and all necessary surgical operations and/or medical treatments and immunizations against illness/disease/injury as may be deemed necessary while the said animal is in the custody or possession of the hospital. I/We hereby release the Hospital and it's assistants from any liability by reason of this disclaimer.

I/We understand that veterinary service is provided after office hours as the veterinarian in charge deems it necessary. However the continuous presence of qualified personnel may not be provided.

I/We further understand that no guarantee of successful treatment is made. At the time of the release of my animal I/we agree to pay all charges incurred. Any animal not picked up in the time designated will be charged an additional fee. Any animal not picked up in a timely manner (without prior arrangement) will be deemed abandoned and appropriate steps will be taken.

Owner(s) Printed Name(s): _____

Signature(s): _____

Date: _____