



VETERINARIAN RELEASE FORM

AUTHORIZATION

To my regular vet: Name: _____
Address: _____
Phone: _____

In the event of illness or injury related to my pet(s). I hereby authorize Paradise Doggie Day care and it's representatives, to bring in my pet(s) for whatever medical treatment may be required. If my regular veterinarian (named above) is not available for any reason, or the emergency should happen after regular office hours, I further authorize Paradise Doggie Daycare to take my pet(s) to the nearest emergency veterinarian clinic which can render assistance.

I authorize my regular and/or emergency veterinarian to render services and treatments needed.

EUTHENASIA

If euthanasia is recommended by the veterinarian:

- Please try to contact me first at phone numbers listed below.
- Proceed with euthanasia if unable to contact me
- Proceed with euthanasia without contacting me
- Do not euthanize my pet without my personal authorization
- Other: _____

If Euthanasia is carried out, please arrange the following for the remains of my pet:

- Bring my pet home and bury
- Allow vet to arrange an individual cremation and return my pets ashes
- Allow vet to arrange an individual cremation and NOT return my pets ashes
- Allow vet to keep my pet- they make their own arrangements
- Other: _____

COST/ PRICE LIMIT

I request a price limit for the care authorized () Yes () No

The price limit authorized is : _____

I have pet insurance () Yes () No

Insurance policy number: _____

Insurance contact Phone number: _____

Signature of Doggie Parent

Date

Print Name: _____ Pet(s) Name: _____

Address: _____ Contact Phone Numbers: _____

City/Zip: _____