



Piper's Pampered Pets, LLC

2942 Chickasaw Circle, Haines City FL 33844

Email: piperspamperedpets@gmail.com Phone/Text-(863)307-0470

VETERINARIAN RELEASE FORM

Primary Vet/Clinic Name/Address/Ph#: _____

I hereby authorize **Piper's Pampered Pets** to transport my pet(s) to your veterinary clinic and to have you provide medical care that is be deemed required by you. By signing this, I will assume full responsibility upon my return for payment of veterinary services rendered by your facility.

If the above veterinarian is not available for any reason or if the emergency should happen after normal office hours, I **DO / DO NOT** authorize **Piper's Pampered Pets** to take my pet(s) to the following Emergency 24-Hour Vet Clinic that can assist my pet(s) in receiving medical care and treatment: **Name/Address/Ph#:** _____

In case of an unforeseen emergency event, I **DO / DO NOT** agree to authorize any veterinarian to euthanize my pet in extreme circumstances under his/her advisement after all reasonable attempts have been made to reach me.

I understand that **Piper's Pampered Pets** assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

This consent for treatment has no expiration date unless otherwise noted.

A photocopy/facsimile of this signed consent shall have the same enforcement as the Client/Pet Owner's original signature.

Client Signature: _____ **Date:** _____

Client Printed Name: _____ **Ph:** _____

Client Address: _____ **City:** _____ **Zip:** _____

Pet(s) Name: 1) _____ 2) _____ 3) _____

Dog/Cat & Breed: 1) _____ 2) _____ 3) _____

Known Medical Condition(s), if any: 1) _____ 2) _____ 3) _____

****ORIGINAL FORM WILL BE KEPT ON FILE AT PIPER'S PAMPERED PETS WITH CLIENT'S RECORDS****