

Huggable Muggs, LLC.

Veterinary Release Form



Client Name: _____

Veterinary Clinic Name: _____

Name of Doctor: _____

Address: _____

Phone: _____

During my absence, a representative of **Pet Sitter/Huggable Muggs LLC** will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return. I will assume full responsibility upon my return for payment of veterinary services rendered.

If the above named veterinarian is not available, another vet in his or her veterinary group is acceptable. If emergency care is needed after regular veterinary office hours, my pet(s) may be taken to the nearest Emergency Veterinary Clinic.

I understand that **Pet Sitter/Huggable Muggs LLC** assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.

I (do / do not) agree to authorize said veterinarian to euthanize my pet in extreme circumstances under his/her advisement after all reasonable attempts have been made to reach me.

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

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

Client Name: _____
(Please Print)

Client Signature: _____ Date: _____