



Vet Information and Release Form

Name of Vet/Clinic

Address

Phone

The facility offers emergency service after regular hours : Yes ____ No ____

After Hours Facility (if different than above)

Name of Vet/Clinic

Address

Phone

I understand that in the event of an emergency, Wagging Tails Guru will make every attempt to contact me. In the event that the I cannot be reach, I authorize the following:

In the event of illness or injury, I authorize Wagging Tails Guru to seek appropriate medical treatment for my pet(s). I understand that every effort will be made to take my pet to the vet clinic specified on the emergency form if the situation permits. However, Wagging Tails Guru has the authority to seek treatment at any veterinary clinic.

Furthermore, I agree to reimburse Wagging Tails Guru within three (3) days of incident for veterinary fees and for all related costs including transportation in any amount up to \$_____ (please specify dollar amount per pet. Common amounts are \$300, \$1000, or unlimited).

This release does not expire and will remain valid for all future Wagging Tails Guru services.

Printed Name

Signature

Date