

# West Coast Pets

*Professional care when you can't be there*

## VETERINARIAN RELEASE FORM

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) requires treatment during your absence. Should you change veterinarians, please notify West Coast Pets before service dates.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**To whom it may concern:** During my absence a representative of West Coast Pets will be caring for my pet(s). I give West Coast Pets my permission to transport my pets to my veterinarian, or to an emergency clinic. In the event I cannot be reached, I authorize West Coast Pets to act as an agent on my behalf regarding my pet's medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts:

Charges not to exceed: \$ \_\_\_\_\_

Specific limits on care: \_\_\_\_\_

West Coast Pets reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary veterinarian.

Veterinary Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

I authorize veterinary treatment for my animal(s) during my absence. I understand that West Coast Pets assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment, and expense. I will be responsible for all charges incurred during the treatment of my pets limited to the conditions of this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_