



West Coast Pets, LLC

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) require treatment during your absence. Should you change veterinarians, please notify West Coast Pets, LLC 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, LLC will be caring for my pet(s). I give West Coast Pets, LLC 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, LLC 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, LLC 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, LLC 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 any and all charges incurred during the treatment of my pets limited to the conditions of this authorization.

Signature: _____ Date: _____