

Veterinarian Release



Date:	File Number:
Owner's Phone Number:	Owner's Name:

Pet Information

Type of Animal: _____

Animal's Name: _____

Birth Date: _____

Known medical conditions: _____

Veterinarian Information

Veterinarian: _____

Address: _____

Phone: _____

During my absence, MonumenTails LLC will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give MonumenTails LLC permission to transport my pet(s) to the above veterinarian and, if I cannot be promptly contacted to do so myself, to authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize MonumenTails LLC to transport my pet(s) to a veterinarian as stated in the Client Playbook and, if I cannot be promptly contacted to do so myself, to authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I agree that MonumenTails LLC is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Client's Signature

Cell Phone

Date