

Lakeview Acres

Come, Sit, Stay!

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(248) 941-7889

VETERINARIAN RELEASE FORM

PET INFORMATION / VETERINARIAN INFORMATION

Pet(s) Name: _____

Veterinarian Name(s): _____

Pet Type: _____

Veterinarian Address: _____

Age: _____

Veterinarian Phone: _____

Known Medical Conditions:

During my absence, Lakeview Acres 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 Lakeview Acres permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Lakeview Acres to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Hospital.

I give my permission to Lakeview Acres to approve treatment up to \$_____ (input maximum US Dollar amount or "no limit").

I agree to be responsible for all charges upon my return including, but not limited to; vet fees, extra visit fees, and transportation fees. I agree that Lakeview Acres is released from 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 Signature: _____

Date: _____