



Hudson Valley Dog Sanctuary

VETERINARY INSTRUCTIONS AND RELEASE FORM

Pet's Name:
Description:
Age:
Medical conditions/ medication:

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Description:
Age:
Medical conditions/medication:

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Age:
Medical conditions/medication:

If any of the pets named above becomes ill or is injured, I request that, _____ take the pets to:

Veterinary Office Name:
Address:
Phone Number:

Alternate Veterinary Office Name:
Address:
Phone Number:

I give permission to _____ to approve treatment up to \$ _____.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize _____ to take my pet/s to another veterinary office for treatment. I understand that _____ cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below or whenever _____ cares for my pets:

Member's / Owner's Signature: _____

Member's / Owner's Name (please print): _____

Date: _____