

DogGone Days



Veterinarian Release

One copy to DogGone Days and one copy for vet to be kept in client's vet file

Client Name: _____ Date: _____

Address: _____ Phone: _____

Vet name and hospital: _____

Address: _____

Phone number: _____

TO THE HOSPITAL:

During my absence, a representative of DogGone Days will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return.

Please file this form with my records.

Pet(s) Name(s):

I, _____, pet owner, hereby give DogGone Days my express permission to transport my pet(s) for care to the above mentioned veterinarian (or to the closest facility in the event of emergency). I give permission for the hospital/clinic/doctor to administer whatever care/medications necessary to care for my pet(s), with the exclusion of the following:

Pet Owner

Date

DGD Representative
Rebecca Gaines
(630) 728-6674

Date