



Veterinary Medical Care Release Form

In the event of a medical emergency where DogZen cannot contact you to authorize care immediately and directly, DogZen will use this form to obtain care.

Date _____

Client Name _____

Address _____

Phone _____

E-mail _____

Primary Veterinarian Information

Name of Vet Hospital or Clinic _____

Address: _____

Name of preferred Dr: _____ Phone: _____

I, _____ (pet owner) hereby give DogZen my express permission to transport any of my pets for care to the above mentioned veterinarian (or to closest open facility if Primary Vet Office is not available). I give permission for the hospital/clinic/doctor to administer any care or medications necessary.

I understand that DogZen will try to contact me as soon as possible in the event of a medical emergency. If DogZen cannot contact me, I give permission to DogZen to approve treatment up to \$ _____ per pet (i.e. \$1000, \$2000, \$5000, unlimited). I understand that DogZen works hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow DogZen to use their best judgment in handling these situations, and I understand that DogZen assumes no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, up to and including the above amount. This includes but is not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by DogZen for emergency transportation, care, supervision or hiring of emergency caregivers, and will pay such fees within 14 days of each incident

List of Pets:

Name/Description/Breed _____

Name/Description/Breed _____

Name/Description/Breed _____

Name/Description/Breed _____

Name/Description/Breed _____

If anything changes from that listed above I will inform DogZen before the next service is scheduled to begin.

This agreement is valid from the date below and grants permission of future veterinary care without the need for additional authorization each time DogZen cares for one or more of my pets. In signing this contract, I agree that I have the authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service.

X _____

Signed Name

X _____

Date ____/____/20____

Printed Name

PLEASE CONTACT YOUR VET TO CONFIRM THE DATES THAT YOU ARE AWAY, AND TO LET THEM KNOW THAT DOGZEN WILL BE TAKING CARE OF YOUR PETS DURING THIS TIME.