



Veterinarian Release Form

Attention:

Name of Client's Veterinarian

I hereby authorize my Provider, Megan Gray, to bring my pet(s) to

Name of Veterinary Hospital / Clinic

At:

Address, City, and Phone Number of Hospital / Clinic

By signing this, I assume all financial responsibility upon my return for payment of all services rendered. If the above veterinarian is not available for any reason or if an emergency should happen after normal business hours, I authorize my Provider to take my pet(s) to:

Emergency Veterinary Hospital Name, Address, Phone Number

Or the nearest emergency veterinary hospital, which can assist my pet in receiving medical care and treatment.

**Client
Signature**

Date

**Print
Name**