

# Veterinarian Release



## K9 Corral Bed & Breakfast

Contact: Kelli Ellington  
Office: 316-841-4940  
Email: craig-kelli@sbcglobal.net

Date:	File Number:
Owner's Name:	Owner's Phone Number:

### Pet Information

Type of Animals: \_\_\_\_\_

Animal's Names: \_\_\_\_\_

Birth Dates: \_\_\_\_\_

Known medical conditions: \_\_\_\_\_

### Veterinarian Information

Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**During my absence, [K9 Corral Bed & Breakfast](#) 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 [K9 Corral Bed & Breakfast](#) 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 [K9 Corral Bed & Breakfast](#) 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 Clinic/Hospital.

I give permission to [K9 Corral Bed & Breakfast](#) to approve treatment up to \$\_\_\_\_\_ (input maximum 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 to authorize veterinarian to euthanize my pet in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

I agree that [K9 Corral Bed & Breakfast](#) is released from all 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's Signature

\_\_\_\_\_  
Date