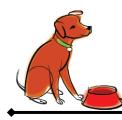
## Veterinarian Release



## 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	Veterinarian Information
Type of Animals:	Veterinarian:
Animal's Names:	Address:
Birth Dates:	Phone:
Known medical conditions:	

## 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