



OlyPets In-Home Pet Care
(360) 565-5251

VETERINARY RELEASE AGREEMENT

Preferred Veterinarian

Animal Hospital: _____

Veterinarian: _____

Address: _____ City: _____

Phone: _____ Hours: _____

Emergency Veterinarian

Name: Angeles Clinic For Animals

Address: 160 Del Guzzi Drive City: Port Angeles Phone: (360) 452-7686

If any of my animals become ill, OlyPets In-Home Pet Care is authorized to take them to either of the above veterinarians to diagnose their condition. The veterinarian is to call me for authorization to treat. If I am unavailable and this is an emergency, the veterinarian is hereby authorized to treat the animal at his/her discretion.

I will be fully responsible for all fees and charges and will pay for all charges incurred on my behalf upon my return. I further authorize the veterinarians to give out any information about my animals to the representatives of OlyPets In-Home Pet Care.

This form will be retained on file by OlyPets In-Home Pet Care and will be used to authorize urgent or emergency veterinary treatment in the event that your pet requires such treatment during your absence and we are unable to contact you at the time. Should you change vets please notify OlyPets In-Home Pet Care before our next visit.

Client Name: _____ Signature: _____

Date: _____