



VETERINARIAN RELEASE FORM

Please complete and return to moderndogpgh@gmail.com

PET INFORMATION

Animal Name:

Breed:

Age:

Known Medical Conditions:

.....

.....

.....

VETERINARIAN INFORMATION

Veterinarian Name:

Address:

.....

Phone Number:

During my absence, Modern Dog, LLC 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 Modern Dog, LLC permission to transport my pet(s) to the above veterinarian in the event of an emergency of sickness.

If this veterinarian is not available, I authorize Modern Dog, LLC to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular hours, my pet(s) may be taken to the nearest Veterinarian Emergency Hospital.

I give my permission to provide treatment up to \$_____ and will be responsible for all charges upon my return including, but not limited to, all vet fees, transportation fees and extra visit fees.

I agree Modern Dog, LLC is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This agreement will remain valid for all visits unless a new one is signed.

Client Signature

Date