

VETERINARY RELEASE FORM AND INSTRUCTIONS

If the pet(s) named here within become ill or is injured, I request that Big Paw Services [BPS] take the pet(s) to:

Veterinary Office Name: _____

Address: _____

Phone Number: _____ Emergency Number _____

Emergency Veterinary Office Name: _____

Address: _____

Phone Number: _____ Emergency Number _____

TERMS & CONDITIONS

I, _____ give permission to BPS to approve treatment up to \$ _____. I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to, and above, if necessary, the agreed stated amount. If neither of the veterinary offices named above is available, I authorize the BPS to take my pet(s) to another veterinary office for treatment. I understand that the BPS, or BIG PAW SERVICES, cannot be held responsible for the results of the veterinary treatment or the loss of my pet(s).

This veterinary release form is valid starting on _____ of _____, 20____ until termination of all services.
day month year

I HAVE REVIEWED THIS SERVICE CONTRACT AGREEMENT FOR ACCURACY AND UNDERSTAND THE CONTENTS OF THIS FORM

X _____
Sign name Pet Guardian

X _____
Print Name Pet Guardian

X _____
Today's Date Pet Guardian