



VETERINARY RELEASE

In the event that my pet appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of the service or while in the care of Petplayland, I, _____, give permission to Petplayland to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinarian or emergency clinic may administer the proper medical attention necessary during which I or other persons listed below, will be contacted for further approval or additional medical procedures.

Pet's Name: _____

Owner's Name: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact: _____

Home Phone: _____ Cell: _____ Work: _____

Primary Veterinarian/Emergency Clinic: _____

Primary Veterinarian(s): _____

Address: _____ City: _____

Phone Number: _____

Pet Insurance Provider (if applicable): _____ Policy#: _____

If Petplayland is unable to get to my preferred veterinarian and/or emergency clinic in a timely fashion, they may take my pet to the veterinarian and/or emergency clinic deemed acceptable by Petplayland.

I ask Petplayland to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$ _____ per pet/all pets. I understand that efforts will be made to contact me regarding any treatment, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I agree to allow Petplayland to use the best judgement in handling these situations, and I understand that Petplayland assumes no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding.

I further authorize Petplayland and my primary veterinarian(s) to share all of the medical records of all my pets with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Petplayland cares for one or more of my pet(s). I understand that this agreement applies to each of the pet(s) within Petplayland's care. In signing this contract, I agree that I have sole authority to make health, medical, and financial decisions regarding the animal(s) that will be scheduled to receive Petplayland's services.

Owner's Signature

Petplayland Signature (Lisa Eagleton)

Date

Date