



## Veterinary Release

Vet Name:
Address:
Phone:

To the Veterinarian or Emergency Veterinary Clinic:

In my absence or during the course of regularly scheduled pet care services, a Pet Assistant from Hot Dog On A Run, will be caring for my pet(s) and has my permission to transport them to your office for treatment as needed. I authorize you to examine my pet(s) and I hereby approve treatment for any necessary medical care required. I will then be responsible for payment upon my return.

Pet Owner:
Address:
Phone:
Pet(s) Names:

I, hereby give the Pet Assistant(s) my express permission to transport my pet(s) in case of medical emergency to the above-mentioned veterinarian.

If above named veterinarian is not available, another vet in his/her veterinary group is acceptable. If emergency care is needed after regular veterinary office hours, my pet(s) may be taken to the nearest emergency veterinary clinic.

This consent for treatment has no expiration date unless otherwise noted. A photocopy/facsimile of the signed consent shall have the same force and effect as the Pet Owner's original signature.

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Owner Signature	Date
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Pet Assistant Signature	Date
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