



## Veterinarian Release Form

### General Information

Owner :

Pet's Name :

Pet's Age /Description

Medical Conditions/Health Issues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This is to inform you that Kibbles Pet Care will be caring for my pet in my absence. In the event of an emergency, I understand that every effort will be made to contact me. If it should become medically necessary for my pet to receive professional treatment, I give Kibbles Pet Care permission to transport my pet(s) to my vet, \_\_\_\_\_ or to the nearest after hours Vet Emergency Hospital. I authorize medical treatment as deemed necessary by a Vet and I understand that I am fully responsible for any and all costs resulting from care given to my pet(s).

If the cost of medical expenses are going to exceed \$\_\_\_\_\_ I wish to be contacted immediately before further treatment is given.

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

Client's signature \_\_\_\_\_

Date \_\_\_\_\_

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