

**TAILS A WAGG'N PET RESORT
VETERINARY RELEASE FORM**

During my occasional absences my pet _____ will be in the care of Tails A Wagg'n Pet Resort. They have my permission to transport my pet to and from your office.

I authorize you to treat my pet both medically and surgically to preserve the life of my pet until I can be reached for further authorization. I will be fully responsible for all charges and fees that incur during my absences and will be paid immediately upon my return. I further authorize you to give out any information about my pet to the representative of Tails A Wagg'n Pet Resort.

Signature of Owner _____ Date _____

Urgent Medical Treatment

This form will be retained on file and will be used to authorize urgent veterinary treatment if your pet requires it during your absences and we are unable to contact you at that time.

To whom it may concern: I have left my pet in the care of Tails A Wagg'n Pet Resort while in my absence and I authorize Tails A Wagg'n Pet Resort to act on my behalf to seek veterinary treatment or services when they deem it necessary.

***We will utilize your primary veterinarian if time permits; otherwise Tails A Wagg'n Pet Resort reserves the right to utilize the services of any veterinary clinic available.**

I authorize you to treat my pet and I will be fully responsible for all fees and charges that incurred during my absence and will be paid immediately upon my return.

Signature of Owner _____ Date _____