



Fleur's Furry Friends
VETERINARY RELEASE FORM

Pet Information

Customer Name:

Pet Name:

Address:.....

.....Postcode:.....

Contact Number:.....Email:.....

Vet Information

Vet Name:.....Telephone Number:.....

Address:.....

.....Postcode:.....

Known medical conditions:.....

During my absence, Melanie Johnson of Fleur's Furry Friends will be caring for my pet(s). In the event of an emergency, I authorise you (the veterinarian) to administer medical treatment and will be responsible for payment to you (the veterinarian) upon my return.

I,....., give Melanie Johnson of Fleur's Furry Friends permission to transport my pet(s) to the above veterinarian and authorise treatment in the event of an emergency or sickness.

If the veterinarian is not available, I authorise Melanie Johnson of Fleur's Furry Friends to transport my pet(s) to a veterinarian of choice and authorise treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest veterinarian emergency clinic/hospital.

I give permission to Melanie Johnson of Fleur's Furry Friends to approve treatment up to £.....(input maximum £ amount or 'no limit'). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree to authorise veterinarian to euthanise my pet in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

In the event of my pet's death, I would like the pet cremated/kept at vet/other:.....

I agree that Melanie Johnson of Fleur's Furry Friends is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This will remain valid for all current and future visits unless a new release is signed.

Signed:..... Date:.....