

Pet Care Release Form

Client Name: _____ ID#: _____

From the dates of _____ to _____: my pet(s) are being cared for by: _____

In the event of an emergency the above named has my permission to transport my pets to Northern Animal Clinic for veterinary care and treatment. I have provided an emergency contact numbers below. In the event that I am not available, the above named caregiver has my permission to initiate treatment.

In the event that veterinary care is needed – the following is how I plan to pay for such treatments:

_____ Credit Card
_____ Caregiver to pay balance
_____ Personal check left with caregiver

Client Contact Information

Caregiver Name

Caregiver Contact #

Client Signature

Date