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 authorepresentative of Tails A Wagg'n Pet Resort.	orize you to give out any information about my pet to the
		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 be	ehalf to seek veterinary treatment or services when they deem
		it necessary.	
*We will utilize your primary veterinarian if time per	rmits, otherwise Tails A Wagg'n Pet Resort reserves the right to		
utilize the services of any veterinary clinic available	e.		
I authorize you to treat my pet and I will be fully res	sponsible for all fees and charges that incurred during my		
absence and will be paid immediately upon my retu	ırn.		
Signature of Owner	Date		