



VETERINARY RELEASE FORM

See Spot Sprint LLC requires all clients to complete a Veterinary Release Form. In the event of an emergency, See Spot Sprint will make every attempt to contact the owner and the emergency contact. In the event that no contact can be reached, See Spot Sprint will seek appropriate medical care for your pet(s). See Spot Sprint will make every attempt to take your pet(s) to the Veterinarian listed below, however, if your Veterinarian is not available, See Spot Sprint will take your pet(s) to an appropriate clinic.

Veterinarian Information

Veterinarian Name		Veterinarian Office	
Address			
City		State	Zip Code
Office Phone Number			

I agree to the following:

1. In the case of an emergency, I understand that See Spot Sprint will make every attempt to contact the primary owner and emergency contact.
2. If no contact can be reached, I authorize See Spot Sprint to seek appropriate medical treatment for my pet(s).
3. I understand that every effort will be made to take my pet(s) to the above Veterinarian, however, I authorize See Spot Sprint to seek treatment for my pet(s) any appropriate clinic, if necessary. I give permission to See Spot Sprint to approve treatment up to:

No limit

\$250

\$500

\$1000

Other \$

5. I authorize See Spot Sprint and the Veterinarian caring for my pet(s) to share all medical records of my pet(s) with emergency vet clinics in an effort to provide the best care possible.
6. I agree to assume full responsibility for payment and reimbursement for any and all veterinary services rendered.
7. I understand that See Spot Sprint assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment and expenses.
8. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time See Spot Sprint cares for my pet(s).

PET OWNER(S) SIGNATURE: _____ DATE: _____

PET OWNER(S) NAME: _____

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