**Pawsome Pals – Hindley Veterinary Release Form**

Pet Information

Customer Name:...................................................................................................................................

Address:................................................................................................................................................

Postcode:............................................. Email:..................................................................................

Contact Tel No:......................................................................................................................................

Pet Name:............................................................. Type of Pet:............................................................

Vet Information

Vet Name:.............................................................Tel Number:.............................................................

Address:................................................................................................................................................

Postcode..................................................................

Known medical conditions:....................................................................................................................

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**During my absence, Lisa Wood of Pawsome Pals – Hindley will be caring for my pet. In the event of an emergency, I authorise you (veterinarian) to administer medical treatment and I will be responsible for payment to you (veterinarian) upon my return.**

I, , give Pawsome Pals - Hindley permission to transport my pet to the above veterinarian and authorise treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorise Pawsome Pals - Hindley to transport my pet to a veterinarian of choice and authorise treatment. If emergency care is needed outside normal office hours, my pet may be taken to the nearest veterinarian emergency clinic/hospital.

I give permission to Pawsome Pals - Hindley to approve treatment up to £.................(input maximum £ amount or "No Limit") I agree to be responsible for all charges upon my return.

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

In the event of my pets death I would like the pet cremated/ kept at vet/ other.....................

I agree that Pawsome Pals - Hindley is released from all liability related to transportation to and from the veterinarian and treatment for emergency or sickness.

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

Signed..................................................................... Date............................................................