

Name (Owner): _____ **Dog Name:** _____

Address: _____

Cell: _____ Home: _____

Breed: _____ Age: _____ Birthdate: _____

Medical Conditions: _____

Medications: _____

Habits: _____

Veterinary Office: _____

Doctor: _____

Address: _____ Phone: _____

In my absence, Ellen Greeneisen, of Hiking Hounds, is caring for my pet(s) and has my permission to transport them to your facility for treatment. In the event that I am unreachable, I authorize you to treat my pet(s) and will be responsible for payment to you.

I give permission to Ellen Greeneisen, of Hiking Hounds, to approve treatment up to:

\$: _____

I will assume full responsibility for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If the veterinary office named above is unavailable, or in the case of an emergency, I authorize, Ellen Greeneisen, of Hiking Hounds, to take my pet(s) to another veterinary office for treatment. I understand that, Ellen Greeneisen, of Hiking Hounds, cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

All medical information must be released to Ellen Greeneisen, of Hiking Hounds, prior to my pet(s) care. This agreement is valid starting on the date below whenever Ellen Greeneisen, of Hiking Hounds, cares for my pet.(s):

Pet Owner's Signature: _____ Date: _____



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Hiking Hounds ~ Veterinary Release Form

Ellen Greeneisen

801-628-0365

hikinghoundssl@gmail.com
