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## Hiking Hounds ~ Veterinary Release Form

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Ellen Greeneisen

hikinghoundsslc@gmail.com

801-628-0365

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Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

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Veterinary Office: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Dog Name: \_\_\_\_\_ Age: \_\_\_\_\_ as of (date): \_\_\_\_\_

Breed: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

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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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