



## Veterinary Release Form

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Owner's Full Name(s): \_\_\_\_\_

Social Security (optional) \_\_\_\_\_

Pet Insurance Company and Plan # (if applicable): \_\_\_\_\_

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

Telephone Number 1 \_\_\_\_\_

Telephone Number 2 \_\_\_\_\_

Preferred Vet / Animal hospital \_\_\_\_\_ (if not open or near closing time, we will default to closest open animal hospital either 24/7 Valley Central in Whitehall or Quakertown Vet Clinic)

### TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed on the Pet Information sheet and I accept full responsibility for all fees and charges (limited to \$\_\_\_\_\_) incurred in the treatment of any of my pets. Dorney Dog Walk is limited to a \$200 maximum reimbursable deposit/fee for any vet related treatment. Any balance must be paid by the owner either over the phone or via billing.

Dorney Dog Walk is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, Dorney Dog Walk shall act on my behalf to authorize **any** treatment excluding euthanasia.

Pet Sitter's Full Name(s): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_