

## Veterinary Release Form

Owner's Full Name:

Physical Address:

Phone Number 1:

Phone Number 2:

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 incurred in the treatment of any of my pets.*

*Second To None Pet Services, Pet Care Providers are 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, Second To None Pet Services, Pet Care Providers shall act on my behalf to authorize any treatment excluding euthanasia.*

Pet Care Providers Full Name: "Second To None Pet Services"

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

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