

Daily Wag II

1190 Yuma St.
Denver, CO 80204
303-307-1638
info@dailywag.com

Veterinary Release Form

General Information

Veterinarian Information

Owner: _____

Veterinarian: _____

Dog's Name: _____

Address: _____

Dog's Age: _____

Phone: _____

Medical conditions/Health Issues:

During my absence, Daily Wag will be caring for my dog(s). In the event of an emergency, I understand that every effort will be made to contact me. If it should become medically necessary for my dog to receive professional treatment, I, give Daily Wag permission to transport my pet(s) to Urban Vet Care or the nearest after-hours Veterinarian Emergency Clinic/Hospital. I authorize medical treatment as deemed necessary by a Veterinarian and I understand that I am fully responsible for any and all costs resulting from veterinary care given to my dog(s).

If the cost of medical expenses are going to exceed \$_____, I wish to be contacted immediately before further medical treatment is given.

I agree that Daily Wag is released from all liability related to transportation to and from the veterinarian. I agree that Daily Wag is not in any way financially responsible for treatment given to my dog for sickness or emergency.

This agreement will remain valid for all visits unless a new one is signed.

Client's Signature

Date