

# DUFFY'S BED AND BISCUIT

TRAINING • BOARDING • DAYCARE • GROOMING

107 STONE MILL ROAD • HUMMELSTOWN, PENNSYLVANIA 17036 • (717)482-8372 • WWW.DUFFYSBEDANDBISCUIT.COM • INFO@DUFFYSBEDANDBISCUIT.COM

## Veterinarian Release Form

### Veterinarian Information:

Hospital Name: \_\_\_\_\_ Veterinarian Name: \_\_\_\_\_

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

### To the Veterinarian Hospital:

Duffy's Bed and Biscuit has been contracted to perform boarding services for my dog(s) and has my permission to place them in your care in case of an emergency. Duffy's Bed and Biscuit will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my dog(s) and I will be responsible for payment of any fees as stated below. **Please file a copy of this form with my records.**

Dog Owner Name (Please Print): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Name of Dog: \_\_\_\_\_

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

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my dog(s). If neither of these veterinarians are available, I give permission for Duffy's Bed and Biscuit to take my dog(s) to the nearest animal hospital or emergency clinic.
2. I give permission for Duffy's Bed and Biscuit to approve treatment up to \$\_\_\_\_\_. ( \_\_\_\_ initial)  
IMPORTANT: An amount must be specified above or we may not be able to obtain the proper care for your dog.
3. I understand that Duffy's Bed and Biscuit assumes no responsibility for the loss of any dog and is released from all liability related to transportation, treatment and expense.
4. Other conditions, if any: \_\_\_\_\_

My dog(s) has/have the following health issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This consent for treatment has no expiration date unless otherwise noted.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date