

VETERINARY INSTRUCTIONS AND RELEASE FORM

Pet's Name:
Description:
Age:
Medical conditions/medication:
Pet's Name
Description:
Age:
Medical conditions/medication:
Pet's Name:
Description:
Age:
Medical conditions/medication:

If any of the pets named above becomes ill or is injured, I request that DEBORAH JEAN take the pets to:

Veterinary Office Name:
Address:
Phone Number:
Alternate Veterinary Office Name:
Address:
Phone Number:

*I give permission to DEBORAH JEAN/PET & PEOPLE SERVICES to approve treatment up to \$ _____ any amount needed
I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.*

If neither of the veterinary offices named above is available, I authorize DEBORAH JEAN/ PET & PEOPLE SERVICES to take my pet/s to another veterinary office for treatment. I understand that MISS DEBORAH JEAN OR PET & PEOPLE SERVICES cannot be held responsible for the health of my dog, results of the veterinary treatment, or the loss of my pet.

This agreement is valid starting on the date below whenever Miss Jean cares for my pets:

Owner's Signature: _____ **Date:** _____

Owner's Name (please print): _____