



veterinary instructions and release form

(PLEASE PRINT CLEARLY)

PET NAME: _____
DESCRIPTION: _____
AGE: _____
MEDICAL CONDITIONS/
MEDICATIONS: _____

If the pet listed above is injured or becomes ill, I request that Love Your Pet Animal Care Professionals Corporation take the animals to:

VETERINARY OFFICE: _____
VETERINARIAN'S NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

ALTERNATE LOCATION

VETERINARY OFFICE: _____
VETERINARIAN'S NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

I give permission for Love Your Pet Animal Care Professionals Corporation to approve treatment up to \$ _____

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 two veterinary offices listed above are available, I authorize Love Your Pet Animal Care Professionals Corporation to take my pets to another veterinary office for treatment. I understand that Love Your Pet Animal Care Professionals Corporation cannot be held responsible for the results of the veterinary treatment or the loss of your pet.

This agreement is valid from the date listed below for whenever Love Your Pet Animal Care Professionals Corporation is requested to care for my pets.

love your pet animal care professionals

constance burlock CEO

date

owner name (PRINT)

owner signature

date