

Veterinarian Release Form

Time to Go Pet Care LLC



Michelle Orr Motzenbecker, Owner
(732) 675-9601
michelle@timetogopetcare.com
www.timetogopetcare.com

Veterinarian Name: _____ Phone: _____

Veterinarian Address: _____

During my absence, Time To Go Pet Care LLC is caring for my pet(s). In the event of a medical emergency, I authorize you (the veterinarian) to administer medical treatment as necessary and will be responsible for full payment to you (the veterinarian) upon my return.

I, _____, residing at _____, give Time To Go Pet Care LLC permission to transport my pet(s) to the above veterinarian in the event of an emergency or sickness.

If the specified veterinarian is not available, I authorize Time To Go Pet Care LLC to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Emergency Veterinarian Clinic/Hospital.

I give permission to provide treatment up to \$ _____.

I agree that Time To Go Pet Care LLC is released from all liability related to transportation to and from the veterinarian and treatment for sickness or emergency.

This agreement will remain valid for all visits unless a new agreement is signed to supersede this agreement.

Client Signature _____ Date _____