

Barky's Bungalow

Veterinary Instructions and Release Form

Pet's Name:

Description:

Age:

Medical conditions/medication:

If the pet named above becomes ill or is injured, I request that Barky's Bungalow take the pet to:

Veterinary Office Name:

Address:

Phone Number:

Alternate Veterinary Office Name:

Address:

Phone Number:

I give permission to Barky's Bungalow 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. **Please make arrangements with your veterinary office to have your credit card on file and authorize charges for any emergency services.***

If neither of the veterinary offices named above is available, I authorize Barky's Bungalow to take my pet to another veterinary office for treatment. I understand that Barky's Bungalow cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below and whenever Barky's Bungalow cares for my pet.

Owner's Name (Print): _____

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