



## Veterinary release form

Vets Name: .....

Vets Address:.....

Vets Contact Number:.....

### To The Vets

**All4paws** have been contracted to walk and care for my dog/s, I therefore give my permission to Kirstine Jackson (owner All4paws) to place them into your care in case of an emergency and administer medical care and contact myself as soon as possible, However in the event that I cannot be reached immediately I authorise you to treat my dog/s and I will be responsible for payment and any fees incurred during the care with you.

Owners Name: .....

Address: .....

Phone Number: .....

Dog/s Name: .....

1. If the above named veterinarian is unavailable I give my full permission to all4paws to take my pet to the nearest animal hospital or emergency veterinary clinic.
2. I give permission for all4paws to approve treatment up to the amount of £ .....  
In the case that I or my emergency contact cannot be obtained for any reason.
3. In most extreme circumstances should I not be contactable and it deemed in the best interest of my pet that the only option is to euthanize immediately, I give my permission that the vet and All4paws may jointly make this decision.
4. I understand that All4paws assumes no responsibility for the loss of any dog and is released from all liability related to the transport, treatment and expense.

As of the date: ..... My dog/s have only the following known health issues:

.....

Signature: ..... Print Name: .....

**This consent form has no expiration.**