



# Triangle Pet Care

## Veterinary Release Form

Owner's Full Names: \_\_\_\_\_

Pet's Info: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Pet's Info: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number 1: \_\_\_\_\_

Telephone Number 2: \_\_\_\_\_

Veterinarian's Information: \_\_\_\_\_

Veterinarian Phone Number: \_\_\_\_\_

Triangle Pet Care will first contact your veterinarian but should we not be able to reach them, we will contact one of the emergency clinics.

### TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed above and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

Triangle Pet Care is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, Triangle Pet Care shall act on my behalf to authorize any treatment excluding euthanasia.

Triangle Pet Care Representative's Full Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_