



•Cinderbay Sleepovers & Pet Services•

VETERINARIAN RELEASE FORM

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, and we are unable to contact you at the time. Should you change veterinarians please notify Cinderbay Sleepover before service dates.

Your Name _____

Address _____

City: _____ ZIP _____

Home phone: _____ Work phone _____

Cell: _____

Email _____

To whom it may concern: During my absence a representative of Kim Brown will be caring for my pet(s). I give Kim Brown and Cinderbay Kennel my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize Kim Brown to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts:

Domestic Animals: \$ _____

Specific limits on care: _____

Kim Brown and Cinderbay Sleepovers reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Veterinary Clinic

Address _____

City: _____ Zip Code: _____

Phone: _____ Emergency Phone _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that Kim Brown assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization.

Signature: _____ Date _____