

Hot Diggity Dog Walkin' (HDDW)

hotdiggitydogwalkin.com | carlson.lisa@sbcglobal.net

Owner/Operator: Lisa Carlson

(512) 428-6117 | 5604 Southwest Parkway, Unit 3613 | Austin, Texas 78735

~~~~ **Veterinary Release** ~~~~

**Primary VETERINARIAN**

Hospital and Vet's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**To the Hospital:**

HDDW has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. HDDW will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below. **Please file this form with my records.**

Pet Owner: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Pet(s): \_\_\_\_\_

1. If above named veterinarian is not available, I agree that AM/PM Emergency Vet Clinic may care for my pets. I also understand that if life saving information is needed by AM/PM Vet Clinic, your primary clinic will provide all records as deemed necessary.
2. I give permission for HDDW to approve treatment up to \$\_\_\_\_\_. ( \_\_\_\_ initial).
3. DNR: In the unfortunate event that you're pet becomes critical. I request the Dr. and Staff too.
  - a. Perform any rescue efforts deemed necessary to keep your pet alive. \_\_\_\_\_ initial.
  - b. Allow to pass naturally while keeping them comfortable with medication. \_\_\_\_\_ initial.
4. I understand that HDDW assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.
5. Other conditions, if any: \_\_\_\_\_

My pet(s) has/have the following health issues: \_\_\_\_\_

\_\_\_\_\_

This consent for treatment has no expiration date unless otherwise noted.

Client

Date

Hot Diggity Dog Walkin'

Date