



## Petcetera by Lauren

### Veterinarian Release Form

This veterinarian release form will be retained on file and will be used to authorize veterinary care in the event that your pet(s) require treatment during your absence, and Petcetera by Lauren is unable to contact The Client at the time. Should The Client change veterinarians, please notify Petcetera by Lauren before the next service date.

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

**To whom it may concern:** During my absence, Petcetera by Lauren will be caring for my pet(s). I give Petcetera by Lauren my permission to transport my pet(s) to my veterinarian or to an emergency clinic. In the event that I cannot be reached, I authorize Petcetera by Lauren 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 USD amounts:

Domestic Animal(s):\$ \_\_\_\_\_  
Specific limits on care: \_\_\_\_\_

Petcetera by Lauren will attempt to utilize The Client's primary veterinary hospital, however, Petcetera by Lauren reserves the right to utilize the services of any available veterinary clinic.

I authorize veterinary treatment for my animal(s) during my absence. I understand that Petcetera by Lauren does not assume any responsibility for the loss of any pet and is released from all liability related to transportation, veterinary treatment and expense. I, The Client, will be responsible for any and all charges incurred during the veterinary treatment of my pet(s) limited to the conditions of this authorization.

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