

VETERINARY INSTRUCTIONS AND RELEASE FORM

Pet's Name:

Description and Age:

Medical conditions/medications:

Pet's Name:

Description and Age:

Medical conditions/medications:

Pet's Name:

Description and Age:

Medical conditions/medications:

If any of the pets named above becomes ill or is injured, I request that Bert's Bimbles or Associate take the pets to:

Veterinary Office:

Address:

Phone Number:

Alternate Veterinary Office:

Address:

Phone Number:

I give permission to Bert's Bimbles or Associate to approve treatment up to £_____.

I will assume full responsibility upon my return for payment for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize Bert's Bimbles or Associate to take my pet/s to another veterinary office for treatment. I understand that Bert's Bimbles cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below

Owner's Signature: _____ **Date:** _____