

**Whiskers & Tails**

**Veterinary Instructions And Release Form**

Pets Name: .....  
Description: .....  
Age: .....  
Medical conditions/medication: .....

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Description: .....  
Age: .....  
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Description: .....  
Age: .....  
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If any of the pets named above becomes ill or is injured,  
I request that Whiskers & Tails takes the pet to:

Veterinary Office Name: .....  
Address: .....  
Phone Number: .....

Alternate Veterinary Office Name: .....  
Address: .....  
Phone Number: .....

I give permissions for Whiskers & Tails to approve treatment upto £.....

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

If neither of the veterinary offices named above is available, I authorize Whiskers & Tails to take my pet(s) to another veterinary office for treatment. I understand that Whiskers & Tails 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 whenever Whiskers & Tails cares for my pet(s)

Clients Signature..... Date.....

Whiskers & Tails Signature.....

