**VETERINARY RELEASE FORM - PAW AMIGOS**

## Owner Contact Information

|  |  |
| --- | --- |
| Pet Owner Name |  |
| Phone |  |
| Email |  |
| Pet Owner Address |  |

## Pets Information Details

|  |  |  |
| --- | --- | --- |
| Dog  Cat | Guinea Pig  Hamster, Mouse Rat | Rabbit  Other |
| Pet Name |  | |
| Pet Age |  | |

## Vet Information

|  |  |
| --- | --- |
| Practice Name |  |
| Address |  |

## Disclaimer

|  |  |
| --- | --- |
| This form was prepared by | |
| First Name |  |
| Last Name |  |

I, (pet owner named above) hereby give Paw Amigos my express permission to take my pet/s to the above-mentioned veterinarian (or to the closest open facility if the primary vet is not available). I give permission for the veterinarian to administer any care or medications necessary. I will assume full responsibility for the payment for any and all veterinary services provided.

|  |  |
| --- | --- |
| Confirmed |  |

|  |  |
| --- | --- |
| Date | Click or tap to enter a date. |

**Please send to:**

[**hello@pawamigos.co.uk**](mailto:hello@pawamigos.co.uk)