

Veterinary Instructions & Consent Form



Owner Information

Name: _____
Address: _____ City/State: _____ Zip: _____
Home Number: (_____) _____
Work Number: (_____) _____
Cell Number: (_____) _____
Email Address: _____

1. Pet Name/Breed: _____ Markings/Color(s): _____
Sex: F / M Age: _____ Birth Date: ___/___/_____
2. Pet Name/Breed: _____ Markings/Color(s): _____
Sex: F / M Age: _____ Birth Date: ___/___/_____
3. Pet Name/Breed: _____ Markings/Color(s): _____
Sex: F / M Age: _____ Birth Date: ___/___/_____

Emergency Contact Information

Name: _____ Phone Number: (_____) _____

Veterinary Information

Office Name: _____ Doctor Name: _____
Address: _____ City/State: _____ Zip: _____
Phone Number: (_____) _____

I _____ certify that I am the owner of the above animal(s).

I hereby grant permission to Lucky Dogs at Play to act on my behalf, and on behalf of my animal(s), by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay all veterinary and other necessary services incurred by and for my pet during its care with Lucky Dogs at Play.

Lucky Dogs at Play services agree to exercise all due and reasonable care to prevent injury or illness to my animal(s). However, in the event of illness or injury, the owner and employees of Lucky Dogs at Play shall not be held personally liable for such injury or illness.

It is expressly agreed that by leaving my animal(s) in the care of Lucky Dogs at Play, I authorize any emergency treatment which may be necessary up to \$_____.

I further agree to be liable for the full amount of the bill and understand that the bill is due and payable when services are rendered. I will assume full responsibility 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 Lucky Dogs at Play to take my pet(s) to another veterinary office for treatment. I understand that Lucky Dogs at Play 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 when Lucky Dogs at Play cares for my pet(s).

Client Signature: _____ Date: _____
Print Name: _____