**Wuff Walkers LLC**

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North Chesterfield, VA. 23236

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**~~~~ Veterinary Release ~~~~**

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| --- |
| VETERINARIAN Hospital and Vet’s Name:  Address:  Phone: |

**To the Hospital:**

Wuff Walkers LLC has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. Wuff Walkers LLC will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below.  **Please file this form with my records.**

Pet Owner:

Address:

Phone:

Pet Names: #1       #2       #3       #4       #5       #6

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If neither of these veterinarians are available, I give permission for business to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for Wuff Walkers LLC to approve treatment up to $     . ( \_\_\_\_\_ Customer Initials)
3. I understand that Wuff Walkers LLC assumes no responsibility for the loss of any pet due to illness, accident or unforeseen circumstances and is released from all liability related to caring for, transportation, treatment and expense.
4. **All pets are vaccinated with appropriate vaccinations as required by law**.  (\_\_\_\_\_\_ Customer Initials)

My pet(s) has/have the following health issues:

This consent for treatment has no expiration date unless otherwise noted.

/ / / /

Client Date Client Date

/ /

Wuff Walkers LLC Date