



gentle guide canine services

dog walking ~ in-home boarding ~ cat visits

insured ~ reliable ~ pet first aid & CPR certified

contact Alison @ 647.298-3005

gentle.guide@hotmail.com

VETERINARY RELEASE FORM

Name of Client:

Name of Pet:

Description:

Weight:

Age:

Medical conditions/medication:

Microchip/Tattoo number:

License number:

If the pet named above becomes ill or is injured, I request that **Alison Reher or Hans Reher of gentle guide canine services** take my pet to the nearest veterinary office.

For my pets' medical history, please contact my regular vet at:

Veterinary Office Name:

Address:

Phone Number:

I give permission to **Alison Reher or Hans Reher of gentle guide canine services** to approve treatment up to \$_____.

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

I understand that **Alison Reher and Hans Reher of gentle guide canine services** 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, for whenever **Alison Reher or Hans Reher of gentle guide canine services** cares for my pet.

Owner's Signature: _____ Date: _____