



Veterinary Information Form

Client Information:

Name: _____

Phone # in case of emergency: _____

Pet Information:

Pet's Name: _____

Description: _____

Age: _____ Medical conditions/medication: _____

Pet's Name: _____

Description: _____

Age: _____ Medical conditions/medication: _____

Pet's Name: _____

Description: _____

Age: _____ Medical conditions/medication: _____

*If any of the pets named above becomes ill or is injured, I request that **pup-e-cise** take the pet(s) to:*

Veterinary Office Name: _____

Doctor's Name: _____

Address: _____

Phone Number: _____

Alternate Veterinary Office Name: _____

Doctor's Name: _____

Address: _____

Phone Number: _____



Veterinary Release Form

I, _____ give permission to **pup-e-cise** for approved veterinary care and treatment up to \$_____.

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 **pup-e-cise** to take my pet(s) to another veterinary office for treatment. I understand that **pup-e-cise** cannot be held responsible for the results of the veterinary treatment or the loss of my pet.*

*As owner of the above said pet(s), I hereby give consent to **pup-e-cise** for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet. Client must provide proof of all required vaccinations at this time.*

*This agreement is valid starting on the date below when **pup-e-cise** cares for my pets.*

Client's Name (please print): _____

Client Signature

Date