



Raise The Ruff Pet Services

Susan Swanberg, Owner / Pet Lover (360) 485-7100 call or text
www.raisetheruffnv.com

:: VETERNARY RELEASE ::

VETERINARIAN

Hospital and Vet's Name: _____

Address: _____

Phone: _____

Pet Owner Name: _____

Address: _____

Phone: _____

Pet(s): _____

Veterinary Medical Treatment:

I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone. If my pet(s) should become ill while in the care of Raise The Ruff Pet Services, the above veterinary practices may provide medical treatment as necessary, with fees not to exceed \$_____.

I understand and agree that Raise The Ruff Pet Services will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind arising from my pet(s) attendance and participation at Raise The Ruff Pet Services.

If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pet(s). If neither of these veterinarians are available, I give permission for Raise The Ruff Pet Services to take my pet(s) to the nearest animal hospital or emergency clinic.

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

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

Client (print name)

Client

Date

Business Owner

Date