Paws Claws 'N' Hooves
(Thanet) Pet Services

VETERINARY RELEASE FORM

OWNER INFORMATION

Owner Full Name	
Address	
Mobile Phone Number	
Home Phone Number	
Email Address	

PET 1 INFORMATION

Pet Name	
Species/Breed	
Age	
Microchip (if any)	

PET 2 INFORMATION

Pet Name	
Species/Breed	
Age	
Microchip (if any)	

VETERINARIAN INFORMATION

Veterinary Clinic	
Vet Name (if known)	
Clinic Address	
Clinic Phone Number	

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AUTHORISATION AND RELEASE

In the event of a medical emergency or illness involving the above-mentioned pet(s) while under the care of Paws, Claws N Hooves (Thanet) Pet Services, I, the undersigned, authorise the pet care provider to seek veterinary care and treatment as deemed necessary for the health and safety of my pet(s). I further authorise the attending veterinarian to treat the pet(s) and release all relevant medical information to the pet sitter/dog walker.

I understand that every effort will be made to contact me before medical treatment is administered, but if I cannot be reached in time, I authorise the pet sitter/dog walker to approve necessary treatment (excluding euthanasia unless specifically authorised below).

☐ I authorise euthanasia if, in the opinion of a licensed veterinarian, it is the most humane option, and I cannot be reached.

☐ I do **NOT** authorize euthanasia under any circumstances.

I agree to be fully responsible for all veterinary costs incurred, including but not limited to diagnosis, treatment, medications, and transportation.

I release Paws, Claws N Hooves (Thanet) Pet Services and its employees and contractors from any liability related to the transportation and treatment of my pet(s) for veterinary care.

Signature of Pet Owner: _____

Date: _____

Printed Name: _____