Cat- and Dog-Walking and Pet-Sitting Services Molly Orchid, Owner 818-433-8628 <u>barksnbiscuitspdx@gmail.com</u>

Veterinary Information

and expenses.



Veterinary Release Form

Barks N' Biscuits requires all clients to complete a Veterinary Release Form. In the event of an emergency, Barks N' Biscuits will make every attempt to contact the owner, the secondary owner and the emergency contact. In the event that no contact can be reached, Barks N' Biscuits will seek appropriate medical care for your pet(s). Barks N' Biscuits will make every attempt to take your pet(s) to the Veterinarian listed blow, however, if your Veterinarian is not available, Barks N' Biscuits will bring your pet(s) to an appropriate clinic.

Office Name:	Veterinarian N	ame:
Address		
City	State	Zip Code
Phone:		
 In the case of an emergency, I undattempt to contact the primary ow If no contact can be reached, I aut medical treatment for my pet(s). I understand that every effort will Veterinarian, however, I authorize any appropriate clinic, if necessar 	vner, secondary owr horize Barks N' Biso I be made to take m e Paws N' Claws to s y.	ner and emergency contact. cuits to seek appropriate y pet(s) to the above seek treatment for my pet(s)
4. I give permission to Barks N' Biscon In No limit \$250 \$250	cuits to approve trea	
5. I authorize Barks N' Biscuits and medical records of my pet(s) with best care possible.	emergency vet clin	ics in an effort to provide the
I agree to assume full responsibili veterinary services rendered.	ity for payment and	reimbursement for any and all

I understand that Barks N' Biscuits assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment

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8.	. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time Barks N' Biscuits cares for my pet(s).			
sta	ave read the above terms and conditions. I ted above. By Signing below, I am acceptin reement.	<u>C</u>		
— Pri	nted Name	Client Signature		
No	tes	 Date		