** Vet Information and Release Form**

Vet Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that in the event of an emergency, Blue Dog Boarding and Daycare Rockville will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:**

In the event of illness or injury, I authorize Blue Dog Boarding and Daycare Rockville to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the vet clinic specified on the emergency form if the situation permits however; Blue Dog Boarding and Daycare Rockville has the authority to seek treatment at any veterinary clinic. Furthermore, I agree to reimburse Blue Dog Boarding and Daycare Rockville within 14 days of incident for veterinary fees and all related costs including transportation in any amount up to $\_\_\_\_\_\_\_\_\_\_ (please specify dollar amount per pet. Common amounts are $200, $1000 or unlimited).

**This release does not expire and will remain valid for all future Blue Dog Boarding and Daycare Rockville services.**

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_