Happy Paws

Veterinary Release Form

The pet's vet name and the veterinary clinic the client is registered with

The vet's address

Business hours

Contact details during opening hours

Contact details for out of hours service

When there is no out of hours service provided, a name of the emergency vet

Emergency vet's address

Emergency vet's telephone number

Pet Insurance Details

In the event of an emergency, I understand Keller Pelton at Happy Paws will attempt to contact me (the owner), or the secondary owner, or the emergency contact provided for the care of _____ (pet name). Should none of the contacts provided be reachable,

I authorise Keller Pelton at Happy Paws *to seek appropriate medical treatment through the veterinary clinic named above up to the amount of £_____.*

I further agree to reimburse Keller Pelton at Happy Paws *any consultation fees payable to the veterinary clinic required within ____ days of receipt detailing fees incurred.*