

EARTH DOGS OC

PO Box 1343 Huntington Beach, CA 92647

earthdogsoc@gmail.com (714) 515-0326

Veterinary Release Form

VETERINARIAN

Hospital & Vet's Name: _____

Address: _____

Phone: _____

To the Hospital:

Earth Dogs OC/Monique Ruiz has been contracted to Pet Sit for my pet and has my permission to place them in your care in case of an emergency. **Earth Dogs OC/Monique Ruiz** will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet and will be responsible for payment of any fees as stated below. **Please file this form with my records.**

Pet Owner: _____ Phone: _____

Address: _____

Pet's Name & Age: _____

Breed: _____ Neutered/Spayed? _____

Back-up Emergency Contact: _____

1. If above named veterinarian is not available, I give **Earth Dogs OC/Monique Ruiz** permission to take my pet to: **VCA West Coast Specialty & Emergency Animal Hospital**
18300 Euclid St, Fountain Valley, CA 92708, Phone: [\(714\) 241-9001](tel:7142419001)
to care for my pet(s). I approve treatment up to \$_____ (initials_____)
2. I understand that **Earth Dogs OC/Monique Ruiz** is released from all liability for the loss of any pet due to age/natural causes, underlying or known health conditions, and/or illness/injury that occurred prior to being in **Earth Dogs OC/Monique Ruiz's** care.

My pet has the following health issues, allergies, and/or is taking the following medications:

Additional Information / Notes:

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

Client Signature

Date

Earth Dogs OC / Monique Ruiz

Date