

Veterinarian Release

Wagtime

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Date:	Email:
Owner's Phone Number:	Owner's Name:

Pet Information

Type of Animals: _____
Animal's Names: _____
Birth Dates: _____

Veterinarian Information

Veterinarian: _____
Address: _____
Phone: _____

We use: Red Bank Veterinary Hospital as our Emergency veterinarian located at: 1425 E. Marlton Pike
Cherry Hill, NJ 08034 (888) 705-0564 in case of an Emergency.

Known medical conditions: _____

During my absence, Wagtime LLC will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Wagtime LLC permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Wagtime to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to Wagtime to approve treatment up to \$_____ (input maximum dollar amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree to authorize veterinarian to euthanize my pet in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

In the event of my pet's death, I would like the pet cremated / kept at vet / other: _____.

I agree that Wagtime LLC is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

Payment Information on file for Veterinarian:

I will leave credit card The vet office will bill me

Client's Signature

Date