



Seattle, WA 98109 Phone: 206.282.4014
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VET RELEASE FORM

Pets Name(s): _____ / _____

Description: _____ / _____

Age: _____ / _____

If any of the pets named above become ill or is injured, I request that Pet Endeavors take the pets to:

Veterinary Office Name: _____

Address: _____

Phone Number: _____

Alternate Veterinary Office Name: _____

Address: _____

Phone Number: _____

I give permission to Pet Endeavors to approve treatment up to \$ _____

***please have payment information on file at vet's office**

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize Pet Endeavors to take pet/s to another veterinary office for treatment. I understand that Pet Endeavors cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below any time Pet Endeavors cares for my pet/s:

Owner's Signature: _____ **Date:** _____

Owners Name (please print): _____