



Vet Information and Release Form

Owner Name: _____

Phone Number(s): _____

Pet Names & Description: _____

Name of Vet _____

My Veterinarian _____

Phone _____

Clinic Address _____

This facility offers emergency service after regular hours: Yes No

Alternate Veterinary Office Name: _____

My Veterinarian _____

Phone _____

Clinic Address _____

This facility offers emergency service after regular hours: Yes No

I will assume full responsibility upon my return for payment for all veterinary services rendered. I have contacted the veterinarian listed, and I am aware of their payment policies, and have made arrangements with them so payment can be made in an emergency situation.

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

I agree to take full responsibility for payment of all charges related to the care of my pet. Happy Paws Cayman is unable to provide payment of any kind for veterinary or other care.

This agreement is valid starting on the date below whenever Happy Paws Cayman cares for my pets. This release does not expire and will remain valid all future Happy Paws Cayman Services.

Client Name: _____

Client Signature: _____

Client Name: _____

Client Signature: _____

Date: _____

Date: _____