



Charleston Dog House, LLC

Veterinary Release Form

Owner Name: _____
Home Address: _____ Zip: _____
Phone Number(s): (Cell) _____ (Home) _____ (Work) _____
Emergency Contact Name: _____ Emergency Contact Tel # _____
Veterinary Clinic: _____

Pet(s) Name: _____
Breed: _____
Sex: _____ Neutered/Spayed: (Yes) or (No)
Weight: _____ Color (s): _____
Markings: _____
Age: _____ Medical Conditions: _____

Has your dog ever bitten a human or another dog? (Yes) or (No)
If Yes, please explain situation in detail on back of this paper: _____

During my absence, Charleston Dog House will be caring for my pet(s). In the event of an emergency, I authorize Hanahan Veterinary Clinic to administer necessary medical treatment.

I assume responsibility for all payments to Hanahan Veterinary Clinic/Veterinary Emergency Care upon my return.

I hereby authorize Charleston Dog House permission to transport my pet(s) in the event of a sickness, emergency, or natural disaster.

If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinary Emergency Clinic/Hospital.

I agree that Charleston Dog House is released from all liability related to transportation to and from the veterinarian, and treatment for sickness or emergency.

This agreement will remain valid for all visits unless a new one is signed.

Name Printed Date:

Client's Signature Date: