

Charleston Dog House, LLC

Veterinary Release Form



Owner Name: _____

Home Address: _____ Zip: _____

Phone Number(s): (Cell) _____ (Home) _____ (Other) _____

Emergency Contact's Name and Number: _____

How did you find out about us? _____

Pet Name: _____

Breed: _____

Color(s): _____

Sex: (F) or (M) Spayed or Neutered? (Y) or (N)

Weight: _____ Age: _____

Medical Condition(s): _____

Ever bitten a dog or human? (Y) or (N)

(If Yes, please explain on the back of this page.)

Notes/Special Requests: _____

Pet Name: _____

Breed: _____

Color(s): _____

Sex: (F) or (M) Spayed or Neutered? (Y) or (N)

Weight: _____ Age: _____

Medical Condition(s): _____

Ever bitten a dog or human? (Y) or (N)

(If Yes, please explain on the back of this page.)

Notes/Special Requests: _____

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

Client's Signature

Date