

HAPPIER PETS

VETERINARIAN RELEASE FORM/ PET GUARDIANSHIP

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, and we are unable to contact you at the time. Should you change veterinarians please notify Happier Pets before service dates.

Your Name: _____ Pet Name(s): _____

To whom it may concern: During my absence a representative of Happier Pets will be caring for my pet(s). I give Happier Pets my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize Happier Pets to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s).

Happier Pets reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Veterinary Clinic: _____

Address: _____

Phone: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that Happier Pets assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization.

Pet Owner's Signature: _____ Date: _____

Pet Guardianship

In the unfortunate event that you become incapacitated while your pet(s) is/are in our care, please name the person(s) who should be contacted to become the guardian of your pet(s) until care can be provided as arranged for in other legal documents prepared by you. **Please be sure the named person(s) is/are aware you are appointing them as guardian(s) of your pet(s).**

In the event of an emergency, which incapacitates me, I authorize **Happier Pets** to turn my pet(s) over to :

Name: _____ Relationship: _____

Phone Number(s): _____

Pet Owner Signature: _____ Date: _____

**** In the event of your pet(s)' death during your absence, what arrangements should be made?**
