

Austin Pet Love
1201 Carlotta Ln,
Austin, TX 78733
Tel: 1-512-803-3483



Veterinarian Release Form

This form will be retained on file and used to authorize veterinarian 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 your doctor, please notify Austin Pet Love before service dates.

Your Name:

Address:

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City: Zip:

Home Phone: Work Phone:

Cell: Other:

To whom it may concern: During my absence a representative of Austin Pet Love will be caring for my pet(s). I give Austin Pet Love my permission to transport my pets to my veterinarian, or to an emergency clinic. In the event I cannot be reached, I authorize Austin Pet Love 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), not to exceed the following amounts:

Domestic Animals: \$ Farm Animals: \$

Specific Limits on Care:

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Austin Pet Love reserves the right to utilize the services of any available veterinarian clinic. We will make every effort to utilize your primary veterinarian clinic. If it is impractical to do so, the following information will be helpful should the clinic we utilize require documentation from your primary clinic.

Veterinary Clinic:Address:

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City: Zip code:

Phone: Emergency Phone:

I authorize veterinarian treatment for my animal(s) during my absence. I understand that Austin Pet Love 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 pet(s) limited to the conditions of this authorization.

Signature: Date: / /