



VETERINARIAN RELEASE FORM

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 the time Northbrook Pet Nannies Inc. ("NPN") is providing Services and is unable to contact you despite reasonable efforts to do so. Should you change veterinarians please notify NPN prior to the provision of Service(s).

Name: _____

Address: _____

City: _____ ZIP: _____

Home phone: _____ Work phone: _____

Cell: _____ Email: _____

Name of Pet(s): _____

To whom it may concern: Northbrook Pet Nannies Inc. will be walking my pet(s) and/or caring for my pet(s) during my absence and I authorize veterinary treatment for same. I give Northbrook Pet Nannies Inc. my permission to transport my pets to a veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize Northbrook Pet Nannies Inc. 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:

Dollar Limitation per Animal: \$ _____

Specific limits on care: _____

NPN reserves the right to utilize the services of any available veterinary clinic in its reasonable discretion. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, in NPN's sole discretion, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Veterinary Clinic/Vet: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Emergency Phone: _____

I authorize veterinary treatment for my pet(s) during my absence. I understand that NPN assumes no responsibility for the loss of any pet(s) and is released from all liability related to transportation, treatment and any related expense. I will be responsible for any and all charges incurred during the treatment of my pets pursuant to the conditions of this authorization and hereby agree to indemnify NPN for any and all costs and expenses related to the care of my pet(s) provided pursuant to the terms of this Release.

Signature: _____ Date: _____

Print Name: _____