

## Veterinarian Release Form

**FROM:** Cindy Kelliher (CK)  
CK's Pooch Inn  
2386 Murray Ridge Rd, San Diego, CA 92123  
858-336-3565 ckspoochinn@gmail.com

**FAX TO:** Office Manager/Vet Technician

### VET FILE ON

**Pet Parent:** \_\_\_\_\_ **Pet Name(s):** \_\_\_\_\_

**Dates Caring for Pet(s):** \_\_\_\_\_

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**Vet Name & Hospital:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**To Vet Facility:** During pet owner's absence **CK** will be caring for my pet(s).

**Pet Parent(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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I, \_\_\_\_\_ (**Pet Parent**), hereby give **CK** my express permission to transport my pet(s) for care to the above mentioned Veterinarian or to closest Vet Facility in the event of emergency.

I give permission for the Vet Hospital/Clinic/Doctor to administer whatever care/medications necessary to care for my pet(s) up to an amount of \$\_\_\_\_\_. If additional funds are necessary, please contact owner for authorization.

**Payment Contact Pet Parent 1<sup>st</sup> : Yes \_\_\_ No \_\_\_**

Utilize Owner Credit Card: \_\_\_\_\_ # \_\_\_\_\_ exp: \_\_\_\_\_

Check # \_\_\_\_\_

**In the event of Pet's Death:** Contact Pet Parent

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**Pet Parent**                      **date**                      **CK**                      **date**