



**Always Home**

home watch | concierge | pet sitting

### Vet Release Form

General Information	Vet Information
Owner	Veterinarian
Dog's Name	Address
Dog's Age	Phone

#### Medical Conditions/Health Issues:

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During my absence, Always Home, LLC will be caring for my dog(s). In the event of an emergency, I understand that every effort will be made to contact me. If it should become medically necessary for my dog to receive professional treatment, I give Always Home, LLC permission to transport my dog(s) to my vet or, or the nearest after-hours Vet Emergency Hospital. I authorize medical treatment as deemed necessary by a Vet and I understand I am fully responsible for all costs resulting from care given to my dog(s).

If the cost of medical expenses is going to exceed \$ \_\_\_\_\_, I wish to be contacted immediately before further treatment is given.

I agree that Always Home, LLC is released from all liability related to transportation to and from the Vet. I agree that Always Home, LLC is not in any way financially responsible for treatment given to my dog(s) for sickness or emergency.

This agreement will remain valid for all visits unless a new one is signed.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_