



VETERINARY INSTRUCTIONS  
AND STANDARD LIABILITY  
RELEASE FORM

Pet's Name: \_\_\_\_\_  
Breed and Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
Medical conditions/medication: \_\_\_\_\_  
\_\_\_\_\_

Pet's Name: \_\_\_\_\_  
Breed and Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
Medical conditions/medication: \_\_\_\_\_  
\_\_\_\_\_

If the above named pet(s) becomes ill or is injured, I request that The Doggie Nanny Inc. take the our dog to my pet's vet or to the nearest emergency veterinary facility.

My Pet's Veterinary Office Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

TO THE VETERINARIAN/CLINIC/HOSPITAL:

During my absence, a representative of the Doggie Nanny will be caring for my pet(s) and has my permission to transport them to your facility for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return.

I give permission to Doggie Nanny Inc. to approve treatment up to \$\_\_\_\_\_.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If the veterinary office named above is unavailable, or in the case of an emergency, if the location is too far, I authorize Doggie Nanny Inc. to take my pet/s to another veterinary office for treatment. I understand that Doggie Nanny Inc. cannot be held responsible for the results of the veterinary treatment or the loss of my pet. I also agree that Doggie Nanny Inc. is released from all liability related to any prior medical condition my dog(s) had/has that would cause him /her to get easily injured or ill.

All medical information must be released to Doggie Nanny Inc. prior to my dog(s) arrival. This agreement is valid starting on the date below whenever Doggie Nanny cares for my pets:

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_