

Wolf Merrick Animal Hospital

Boarding / Pet Sitting Release

Pet Owner: _____

Pet(s): _____

Pet Caretaker: _____

Expected Dates of absence: _____

Contact Phone#: _____

I, the owner of the above mentioned pet(s), hereby allow the above caretaker to make medical decisions regarding my pet(s) while I am away.

I authorize any veterinarian at Wolf Merrick Animal Hospital to furnish my pet with veterinary care and to provide essential medical services without my consent.

I understand that Wolf Merrick Animal Hospital requires payment at the time of service as policy. I authorize any charges incurred and am claiming financial responsibility for any charges incurred in my absence.

I authorize the use of my credit card for all charges incurred in my absence.

Card type (circle one): VISA/MC
 Discover
 American Express
 Care Credit

Card # _____

Expiration date _____

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I have special concerns as detailed below:

My pet is very ill and I authorize no diagnostic work or treatment be performed while I am away. I authorize humane euthanasia, if deemed necessary by the attending veterinarian, and have signed an official euthanasia consent form to be attached to this document.

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Authorized Signature of Pet Owner

Today's Date