**VETERINARY INSTRUCTIONS AND RELEASE FORM**

**Pet’s Name  
Description:  
Age:  
Medical conditions/medication:**

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Description:  
Age:  
Medical conditions/medication:**

*If any of the pets named above becomes ill or is injured, I request that* ***Katherine Heatley*** *take the pets to:*

**Veterinary Office Name:  
Address:   
Phone Number:**

**Alternate Veterinary Office Name:   
Address:   
Phone Number:**

*I give permission to* ***Katherine Heatley*** 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 neither of the veterinary offices named above is available, I authorize* ***Katherine Heatley*** to take my pet/s to another veterinary office for treatment. I understand that *Katherine Heatley cannot be held responsible for the results of the veterinary treatment or the loss of my pet.*

*This agreement is valid starting on the date below whenever* ***Katherine Heatley*** cares for my pets:

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

 Owner's Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_