

SLC Paws

Veterinary Release Form

Dog Information:

Dog's Name: _____

Breed: _____

Color/Markings: _____

Date of Birth (if known): _____

Age: _____ Sex: _____ Weight: _____ lbs

Health issues, special needs, allergies, medications: _____

Emergency Contact: _____

Veterinary Information:

Veterinary Clinic: _____

Phone Number: _____

Authorization:

If for some reason NRAY LLC, DBA SLC Paws (hereinafter referred to as "SLC Paws") is unable to reach you if your dog(s) has a medical emergency, please select one of the following:

_____ I grant explicit permission for my dog(s) to receive any necessary life-saving and comfort treatments. I expressly authorize SLC Paws and their veterinary partners to determine and implement the best care plan for my dog(s)..

_____ I prohibit SLC Paws, its affiliates or veterinary partners to provide medical care to my dog(s). I understand this option is equivalent to a Do Not Resuscitate order.

Financial Responsibility:

If permission has been authorized above, I understand that I am financially responsible for all of the costs associated with veterinary care provided to my dog. SLC Paws will make reasonable efforts to contact me or the emergency contact listed above before seeking veterinary care.

Assumption of Responsibility:

I release SLC Paws its owners, operators, employees, officers, and directors from any liability associated with veterinary treatment.

Acknowledgment of Understanding:

I have read and understand the terms of this Veterinary Release Form, and I agree to its contents.

Printed Name_____
Client Signature_____
Date Signed_____
Office Notes