



Veterinary Release Form

Primary Veterinary Information

Veterinary Clinic: _____

Address: _____

Phone: _____

1. In the case of an emergency, I understand that Nose to Trail will make every attempt to contact the primary owner, secondary owner and emergency contact.

2. If no contact can be reached, I authorize Nose to Trail to seek appropriate medical treatment for my pet(s).

3. I understand that every effort will be made to take my pet(s) to the above Veterinarian, however, I authorize Nose to Trail to seek treatment for my pet(s) any appropriate clinic, if necessary.

4. I give permission to Nose to Trail to approve treatment up to:

_____ No limit _____ \$250 _____ \$500 _____ \$1000 other \$ _____

Please leave a credit card on file with your veterinary clinic.

5. I authorize Nose to Trail and the Veterinarian caring for my pet(s) to share all medical records of my pet(s) with emergency vet clinics in an effort to provide the best care possible.

6. I agree to assume full responsibility for payment and reimbursement for any and all veterinary services rendered.

7. I understand that Nose to Trail assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment and expenses.

8. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time Nose to Trail cares for my pet(s).

Client Name: _____

Client Signature: _____

Date: _____