**V e t e r I n a r y M e d I c a l R e l e a s e**

In the event that your pet(s) need emergent medical attention, and you can not be reached immediately, this form gives permission to take your pet(s) as listed on the Information Form to the veterinarian you designate below:

**Veterinarian Details**

Clinic:

Vet’s Name:

Address:

Phone Number

You give your permission to transport and get medical attention for your pet(s) at the designated veterinarian not to exceed this dollar amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . In filling out and signing this form you accept full financial responsibility for the dollar amount you indicated, for the care of your pet(s. Payment is to be made within 10 days of the medical treatment.

If the above vet is not available at the clinic of your choosing, or if it is after hours you give permission for medical attention from another veterinarian at the nearest emergency room. The same dollar amount, as stated/written above, will remain the agreed maximum you will pay for your animal’s medical care regardless of the clinic/hospital.

I agree and understand that Amazing Pet Care NYC L.L.C. and utilized Independent Contractors are not responsible in any way for the medical treatment/results prescribed or rendered or administered by any veterinarian. In signing this document you fully accept all the terms of this document.

In signing this document below, you agree to all the above statements.

Print Name:

Signature:

Date: