



VET MEDICAL RELEASE

REGISTERED VETERINARY

Emergency Phone Number

Street Number & Name

Town / City

County state

Postcode

Pet's Name (s)

Pet Insurance Company

Policy Number

Contact No

EMERGENCY / SECONDARY CONTACT

First Name

Surname

Mobile

TO WHOM IT MAY CONCERN

I hereby authorise the attending veterinarian to treat my pet named above and I accept full responsibility for all fees and charges incurred in the treatment of my pet.

Andy Gipson, The Doggie Driver is authorised to transport my pet to and from the veterinary clinic for treatment. If I cannot be reached in case of an emergency, Andy Gipson shall act on my behalf to authorise any treatment excluding euthanasia.

I give permission to approve treatment up to £1,000.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

Andy Gipson , The Doggie Driver	Pet Owners Signature
<i>Andrew R Gipson</i>	<input type="text"/>
	Dated