



Veterinary Instructions and Release Form

Pet 1 Name: Pet 1 Description: Pet 1 Age: Pet 1 Medical info:	Pet 2 Name: Pet 2 Description: Pet 2 Age: Pet 2 Medical info:	Pet 3 Name: Pet 3 Description: Pet 3 Age: Pet 3 Medical info:
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The owner (client of Little Green Farm Pet Hotel) agrees to the following:

I give permission to approve treatment of the above named animals up to \$ _____ each.

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

I authorize Little Green Farm Pet Hotel to take my pet(s) to a local veterinary office or emergency centre for treatment at their discretion. I understand that Little Green Farm Pet Hotel 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 and thereafter whenever Little Green Farm Pet Hotel cares for my pets.

Client/Owner name

Client/Owner signature

Date

Little Green Farm Pet Hotel
Name

Signature

Date