



Dog PAWS Pet Care

1205 67th Street

Kenosha, WI. 53143

kenoshadogpaws@aol.com

www.dogpawspetcare.com

262.358.0811 or 262.344.2003

VETERINARY INSTRUCTIONS AND CONSENT FORM

Owner(s): _____

Address: _____

Mailing Address (if different): _____

Home Telephone: _____ Work: _____ Cell: _____

Telephone number while you're away: _____

Email: _____

Pet Name: _____

Description: _____

Age: _____

Medical conditions/medication: _____

Pet Name: _____

Description: _____

Age: _____

Medical conditions/medication: _____

Pet Name: _____

Description: _____

Age: _____

Medical conditions/medication: _____

Pet Name: _____

Description: _____

Age: _____

Medical conditions/medication: _____

If any of the pets named above becomes ill or is injured, I request that Dog Paws Pet Care take my pet(s) to:

Veterinary Office Name: _____

Address: _____

Phone Number: _____

Alternate Veterinary Office Name: _____

Address: _____

Phone Number: _____

I certify that I am the owner of the above animal(s).

I hereby grant permission to Dog Paws Pet Care to act in my behalf, and in my animal(s) best interest, by obtaining veterinary care at my expense for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its care with Dog Paws Pet Care.

Dog Paws Pet Care agrees to exercise all due and reasonable care to prevent injury or illness to my animal(s). However, in the event of illness or injury, the owner and employees of this company shall not be held personally liable for such injury or illness.

I further agree to be liable for the full amount of the bill and understand that the bill is due and payable when services are rendered. I will assume full responsibility for the payment of veterinary services rendered.

If neither of the veterinary offices named above is available, I authorize Dog Paws Pet Care to take my pet(s) to another veterinary office for treatment. I understand that Dog Paws Pet Care 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 when Dog Paws Pet Care provides service for my pet(s).

Client Signature Date

Date

Printed Name of Client