



Vet Release Form

Client Information

Client Name

Phone Number

Veterinary Information

Large Animal Veterinary Name

Preferred Large Animal Veterinarian Name

Address

City

State

Zip

Phone Number

Small Animal Veterinary

Preferred Small Animal Veterinarian Name

Address

City

State

Zip

Phone Number

Farrier

Phone Number

Emergency Contact

Name

Phone Number

Relationship



Vet Release Form

_____ I agree to notify Neigh Care, LLC of any signs of injury or possible illness before any visit as soon as the condition appears. Neigh Care reserves the right to cancel service where a pet with a potentially infectious condition exists in order to provide clean, safe service to each of our clients.

_____ Should Client's pet(s) require emergency veterinary treatment, Neigh Care, LLC will make all reasonable efforts to contact Client. If Client is unable to be contacted, Neigh Care, LLC is not responsible for any veterinary fees that result from this action.

_____ If Client's pet(s) become ill or injured, Neigh Care, LLC is authorized to have the above veterinarian diagnose their condition. Neigh Care, LLC is released from any and all liability related to any prior medical condition my pet(s) had/has that would cause them to get easily injured or ill.

_____ If it is after hours, Neigh Care, LLC is authorized to request the vet to make a farm visit or take the pet to the local Animal Emergency Clinic.

_____ The veterinarian is to call Client for authorization to treat. If Client is unavailable and this is an emergency, the veterinarian is hereby authorized to treat the pet at their discretion. Client will be fully responsible for all costs of treatment and care.

_____ Any vet visits or treatment charges will be applied to the Client's account if the veterinarian will do so. The Client will authorize him/her to charge up to \$_____ to the Client's credit card, which the Client will provide over the phone.

_____ Pet(s) listed on this Veterinary Release Form must be up to date on their rabies vaccinations before Neigh Care, LLC can care for them. By signing below, Client confirms that all pet(s) are current on their rabies vaccinations and any other necessary vaccinations.

_____ In the case such an emergency arises, Neigh Care, LLC will charge \$30/hour for transportation and care during the vet visit. I agree to be responsible for paying such charges within 14 days of the event.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Neigh Care, LLC cares for my pet(s).

This release does not expire and will remain valid for all future services provided by Neigh Care, LLC.

Client Name

Client Signature

Date