

## **Veterinary Release Form**

In case of emergency, I give Woofs N Wags permission to seek veterinary care for my pet(s) at our preferred veterinary practice (or the closest open facility if our primary vet is not available). I give permission for the veterinarian to administer any care or medications necessary.

I will assume full responsibility for the payment for any and all veterinary services provided.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_