Ark Angels Pet Care, LLC

Nancy Stevens Zwerin – Owner

VETERINARIAN RELEASE FORM

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, and we are unable to contact you at the time. Should you change veterinarians please notify Ark Angels Pet Care before service dates.

Owner's Name: _____

Address: _____

City: _____ ZIP: _____

Home phone: _____ Work phone: _____

Cell: _____ Other: _____

To whom it may concern: During my absence a representative of Ark Angels Pet Care will be caring for my pet(s). I give Ark Angels Pet Care my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize Ark Angels Pet Care to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts:

Indicate Amount here:_____ Owner Initials _____

Ark Angels Pet Care reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Current Veterinary Clinic: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Clinic Emergency Phone: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that Ark Angels Pet Care assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization. In the event of the death of my pet and I am unable to be reached, I request the following to be done:

_____

_____

_____

_____

_____

Pet Owner Signature: _____ Date: _____

Ark Angels Pet Care: _____Date :_____

Ark Angels Pet Care, LLC
Nancy Stevens Zwerin - Owner
104 Mary Emma Lane
Sanford, NC 27330
919-782-5421 Office
919-815-9091 Cell