



# Veterinary Care Release Form

I, \_\_\_\_\_, authorize the following veterinary care provisions while my pet(s) is in the care of Wiener Wonderland and its agents, Carl and Tamar Love Grande:

- In the event that my pet appears to be ill, injured or at significant risk of experiencing a medical problem while in the care of Wiener Wonderland, I give permission to Wiener Wonderland's agents to seek immediate veterinary service. My preferred veterinarian or emergency clinic, as listed below, may administer the necessary medical attention. If Wiener Wonderland is unable to reach my preferred veterinarian and/or emergency clinic in a timely fashion, its agents may take my pets to Beverly Oaks Animal Hospital (14302 Ventura Blvd., Sherman Oaks, CA 91423) for emergencies and to Mid Valley Veterinary Hospital (17280 Saticoy St., Van Nuys, CA 91406) for routine medical care.
- I understand that all efforts will be made to contact me regarding any treatment, illness, injury or potential problems as soon as the condition is deemed not life threatening and/or contact is possible.
- I agree to allow Wiener Wonderland's agents to use their best judgment in handling any emergency medical situations, and I understand that Wiener Wonderland assumes no responsibility for the actions and decisions of the veterinary staff, or for the health or death of my pet(s) while under veterinary care.
- I ask Wiener Wonderland to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$\_\_\_\_\_ per incident. I will assume full responsibility for the immediate payment of and/or reimbursement for any and all veterinary services rendered, including but not limited to the diagnosis, treatment, grooming, medical supplies and boarding of my pet(s).
- In the interest of providing the best care for my ill or injured pet(s), I further authorize Wiener Wonderland's agents and my primary veterinarian(s) to share my pet(s)' medical records with any veterinary clinic at which my pet(s) receive treatment while in the care of Wiener Wonderland.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Wiener Wonderland cares for one or more of my pet(s). I understand that this agreement applies to each of the pet(s) in Wiener Wonderland's care, as follows:

Pet's Name	Description	Current Medications or Medical Conditions

**Primary Veterinarian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Emergency Veterinarian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

*By my signature, I certify that I am the legal owner of the above-named animal. I agree that all the information I have provided is accurate to the best of my ability.*

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