



Walking with Jamie LLC Veterinary Release Form

In the event of an emergency, Walking with Jamie LLC will make every attempt to contact the owner(s) and the emergency contact. If no contact can be reached, Walking with Jamie LLC will seek appropriate medical care for your pet(s). Walking with Jamie LLC will make every attempt to take your pet(s) to the Veterinarian listed below, however, if your Veterinarian is not available, Walking with Jamie LLC will bring your pet(s) to an appropriate clinic.

Veterinarian Information

Office Name: _____

Office Address: _____

Office Phone: _____

Emergency Contact Details

Name: _____

Relationship: _____

Phone: _____

I _____ agree to the following:

Client Name

1. In the case of an emergency, I understand that Walking with Jamie LLC will make every attempt to contact the primary owner(s) and emergency contact.
2. If no contact can be reached, I authorize Walking with Jamie LLC to seek appropriate medical treatment for my pet(s).
3. I understand that every effort will be made to take my pet(s) to the above Veterinarian, however, I authorize Walking with Jamie LLC to seek treatment for my pet(s) at any appropriate clinic, if necessary.
4. I give permission to Walking with Jamie LLC to approve treatment up to:
___No limit ___\$250 ___\$500 ___\$1000 Other \$ _____
5. I authorize Walking with Jamie LLC and the Veterinarian caring for my pet(s) to share all medical records of my pet(s) with emergency vet clinics in an effort to provide the best care possible.
6. I agree to assume full responsibility for payment and reimbursement for any and all veterinary services rendered.
7. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time Walking with Jamie LLC cares for my pet(s).

Print name: _____

Signature: _____

Date: _____