

**Darrell's Pet Services  
Dogs On Danforth**

Contact: Darrell O'Dea  
Office: 416-420-3884  
Email: darrellspets@bell.net



# Veterinarian Release

Date:	
Your Phone Number:	Your Name:

Do you give your veterinarian, your clinic's staff and Darrell O'Dea permission to deal and speak directly with each other regarding your pet's health, medical history and ongoing medical care? \_\_\_\_\_ (yes or no).

**In the event of any illness or medical emergency DPS/DOD will make every attempt to contact you immediately by phone, email, text, Twitter or Facebook.**

Please list below all names, types, breeds and dates of birth for each pet to be in the care of DPS:  
(example: *Charlie, Cat, Savannah Siamese, Sept. 17, 2010*)

Veterinarian(s): \_\_\_\_\_ Vet's Phone: \_\_\_\_\_

Clinic Name & Address: \_\_\_\_\_

Known medical conditions for all pets: \_\_\_\_\_

\_\_\_\_\_

(continue on back)

**During my absence, Darrell O'Dea (Darrell's Pet Services/Dogs On Danforth) will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian/clinic) to administer medical treatment and will be responsible for payment to you (veterinarian/clinic) upon my return.**

I, \_\_\_\_\_, give Darrell's Pet Services permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Darrell O'Dea (DPS/DOD) to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to Darrell O'Dea (DPS/DOD) to approve treatment up to \$\_\_\_\_\_ (maximum dollar amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree that Darrell O'Dea (DPS/DOD) is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Payment Information on file for Veterinarian:

- I will provide credit card information
- The vet office will bill me

Client's Signature

Date