



Pets Assist Ltd

VETERINARY DETAILS AND VET RELEASE DECLARATION

Please provide your veterinary details, read and sign the form below

SURGERY NAME	
ADDRESS	
PHONE NUMBER	

To the Veterinary Surgery:

During my absence Pets Assist Ltd will be caring for my pet(s) and has permission to transport them to your surgery for treatment upon prior agreement between, me' the owner, yourselves' the vet, and Pets Assist Ltd, I, the owner authorise you to treat my pet(s) and take full responsibility for treatment and payment to you directly. Pets Assist Ltd are NOT liable nor responsible for any charges of veterinary costs incurred.

I hereby give Pets Assist Ltd permission to transport my pet(s) to the above mentioned veterinary surgeon. I understand that Pets Assist assumes no responsibility for the loss of the pets whilst in the care of a veterinarian and is released from all liability for treatment and expense. This will all be paid for by the pet(s) owners (Legal responsibility).

NAME	
DATE	
SIGNATURE	