



### Veterinary Release

Prestige Pet Care San Diego (Prestige) requires all clients to complete this Veterinary Release Form.

#### Veterinarian Information

Veterinarian Name: \_\_\_\_\_  
Address/City/ State Zip Code: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

I agree to the following: Client/Owner Name \_\_\_\_\_

1. In the case of an emergency, I understand that Prestige will make a reasonable attempt to contact the Owner and/or Emergency Contact listed below.
2. If no contact can be reached, I authorize Prestige 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 Prestige to seek treatment for my pet(s) at any appropriate clinic, if necessary.
4. I give permission to Prestige to approve treatment up to: \$250 \_\_\_\_\_ \$500 \_\_\_ \$1000 \_\_\_ other \$ \_\_\_\_\_ No Limit \_\_\_\_\_
5. I authorize Prestige and the Veterinarian caring for my pet(s) to share all medical records of my pet(s) with emergency vet clinics to provide the best care possible.
6. I agree to assume full responsibility for payment and reimbursement for all veterinary services rendered.
7. I understand that Prestige assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment and expenses.
8. This agreement is valid from the Effective Date below and grants permission for all future veterinary care without additional authorization each time Prestige cares for my pet(s).

\_\_\_\_\_  
Owner Signature

Cell Phone: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact (Print)

Cell Phone: \_\_\_\_\_

Prestige Pet Care San Diego  
(619) 278-8228