



**Dog Walker Bill & Co., LLC P.O. Box 841, Gainesville, VA 20156 703-501-1747**

**VETERINARY INSTRUCTIONS AND RELEASE FORM**

**Pet's Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Medical conditions/medication:** \_\_\_\_\_

**Pet's Name** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Medical conditions/medication:** \_\_\_\_\_

If any of the pets named above becomes ill or is injured, I request that William Schoonover and/or Dee Gorol take the pet(s) to:

**Veterinary Office Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Alternate Veterinary Office Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

I give permission to **William Schoonover and Dee Gorol** to approve treatment up to \$\_\_\_\_\_.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize **William Schoonover and Dee Gorol** to take my pet(s) to another veterinary office for treatment. I understand that **William Schoonover and Dee Gorol** cannot be held responsible for the results of the veterinary treatment or the loss of my pet(s).

This agreement is valid starting on the date below whenever **William Schoonover and Dee Gorol** cares for my pet(s):

**Owner's Signature:** \_\_\_\_\_

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

Owner's Name (please print): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

***It is strongly advised that you also provide your veterinarian with a statement giving William Schoonover and Dee Gorol permission to seek medical care on your behalf in the event of a medical emergency. Some veterinary offices are reluctant to accept a release form, such as this one, unless there is a corroborating document in their own files.***