

Pant SF Veterinary Instructions and Release Form



Pet's Name: _____ Breed: _____
Age: _____ Weight: _____ Sex: F M Description: _____

Medical Conditions/Medication: _____

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It is PANT SF's policy always to call the owner in case of an emergency. However, if your pet becomes ill or injured and you cannot be reached, we will take your pet to the vet.

I request that PANT SF take my pet(s) to: _____ Veterinary Office Name: _____

Address: _____ Phone Number: _____

Alternate Vet. Office Name (Emergency 24 Hr.): _____

Address: _____ Phone Number: _____

- I give permission to PANT SF to approve treatment up to \$ _____ per animal.
- I will assume full responsibility for payment and have my credit card on file with these offices for veterinary services rendered up to the above stated amount. I understand that PANT SF will not pay for any veterinary services.
- If the offices named above are not available, I authorize PANT SF to take my pet(s) to another veterinary office for treatment. I will assume full responsibility for payment and/or reimbursement for veterinary services rendered up to the above stated amount. (Initial Here) _____
- I do not hold PANT SF or its representatives responsible for the results of the veterinary treatment or the loss of my pet.
- I agree to reimburse PANT SF \$40 hourly for veterinary time and transport.
- This agreement is valid starting on the date below.

Owner's Signature: _____ Date: _____

Owner's Name: _____ Phone: _____

Email: _____