



PAWS ON PINGREE

5002 Rickert Road, Crystal Lake IL 60014

www.PawsOnPingree.com

(815) 356-3955

Veterinary Care and Release Form

I _____ fully comprehend that my pet/pets may become ill or injured while in the care and possession of Paws On Pingree, LLC. I will not hold Paws On Pingree responsible for either illness or injury to my pet/pets while in their care and possession; or as a consequence of their care and possession. In the event that my pet/pets becomes ill or is injured while in the care and possession of Paws On Pingree, I understand that any and all Veterinary costs are my sole responsibility (owners initials) _____.

My request is that Paws On Pingree follow the procedures that I have selected as outlined below. I select the following option if Paws On Pingree is unable to reach me:

_____ **Option 1:** If my dog/dogs becomes ill or injured, please take my dog/dogs to my Veterinarian as first choice. In the event that my Veterinarian is not open or available to treat my dog/dogs, please take my dog/dogs to the nearest emergency clinic- Companion Animal Specialty & Emergency Hospital.

_____ **Option 2:** If my dog/dogs becomes ill or injured, please take my dog to the designated Paws On Pingree Veterinary Clinic- Companion Animal Specialty & Emergency Hospital to treat my dog/dogs.

- In the event your dog/dogs need treatment, please state the maximum amount allocated for Veterinarian care; _____.

Please initial if you give us permission for the following....

_____ If my dog/dogs incurs a minor injury, I authorize Paws On Pingree to treat my dog/dogs. All Paws On Pingree employees are Pet Tech certified in Pet first aid and CPR.

I have read all of the information above and selected the procedure or procedures to be followed by Paws On Pingree in the event that my dog/dogs becomes ill or injured. I understand that by signing below I authorize Paws On Pingree to follow these procedures and release Paws On Pingree of any and all liability. I am fully aware that I am responsible for any and all Veterinary costs incurred.

_____ (Dog Owners Signature/ Date)