



Westlake Pet Love
1201 Carlotta Lane
Austin, Texas 78733
512-413-6592

Veterinarian Release Form

This form will be retained on file and used to authorize veterinarian treatment in the event that your pet(s) require treatment during your absence, and we are unable to contact you at the time. Should you change your doctor, please notify Westlake Pet Love before service dates.

Your Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Other: _____

To whom it may concern: During my absence a representative of Westlake Pet Love will be caring for my pet(s). I give Westlake Pet Love my permission to transport my pets to my veterinarian or to an emergency clinic. In the event I cannot be reached, I authorize Westlake Pet Love to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts:

Domestic Animals: \$ _____ Farm Animals: \$ _____

Specific Limits on Care: _____

Westlake Pet Love reserves the right to utilize the services of any available veterinarian clinic. We will make every effort to utilize your primary veterinarian clinic. If it is impractical to do so, the following information will be helpful should the clinic we utilize require documentation from your primary clinic.

Veterinary Clinic: _____

Address: _____

City: _____ Zip code: _____

Phone: _____ Emergency Phone: _____

I authorize veterinarian treatment for my animal(s) during my absence. I understand that Westlake Pet Love assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pet(s) limited to the conditions of this authorization.

Signature: _____ Date: _____