



Veterinary Instructions & Release Form

This form will be retained on file and will be used to authorise veterinary treatment in the event that your dog(s) require treatment **while in our care and we are unable to contact you at the time**. Should you change veterinarians, please notify HOP House of Paws before boarding. This form **MUST** be signed to authorise treatment.

HOP House of Paws will make every effort to use your primary veterinary clinic. However, if it is not practical to do so, HOP House of Paws reserves the right to utilise the service of any available emergency veterinary clinic. The following information will be helpful if the clinic we utilise requires documentation from your primary veterinary clinic.

Primary vet clinic: _____

Address: _____ Phone: _____

To whom it may concern: During my absence, HOP House of Paws will be caring for my dog(s). I give HOP House of Paws my permission to transport my dog(s) to my vet (or to an emergency vet clinic). In the event I can't be reached, I authorise HOP House of Paws to act on my behalf regarding my dog's medical care. I understand that HOP House of Paws assumes no responsibility for the loss of any dog and is released from all liability related to transportation, treatment and expenses. I assume full responsibility for the payment and/or reimbursement for all veterinary services including but not limited to consultation, treatment, medical supplies, boarding and cremation. Such payments will be made within 7 days of the initial incident.

I hereby certify that I am the owner of the dog(s) named below
I hereby request and authorise my veterinary to release the requested medical information

I give permission for _____ to release information concerning my dog(s)
(primary vet clinic name)

_____, to HOP House of Paws and/or other (emergency) vet clinic
(name of dog(s))

In the unlikely event that my dog passes away while in the care of HOP House of Paws, below are my wish: *(pls circle your choice)*

Yes / No If the vet has not determined cause of death, I would like to have an autopsy performed (at owner's cost)
Yes / No I want the body to be retained at my vet's office until I return (at owner's cost)

Dog owner's signature _____ Date: _____