Veterinarian Treatment Authorization
Medical Release

The safety and well-being of your pet(s) is our TOP priority. Should your pet require emergency medical treatment while in our care, your pet will be taken to the nearest available veterinary facility and the pet owner will be contacted promptly. It is at the sole discretion of Friendly Paws Inn, LLC, to determine that your pet is in need of medical treatment and secure to medical treatment for your pet as quickly as possible.

By signing or digitally signing you hereby state that your pet (listed below) is current with all state required vaccines, including a **current rabies vaccine**. You understand it is at the sole discretion of Friendly Paws Inn, LLC deem that your pet is in need of immediate medical attention by a licensed veterinarian. You are also giving the attending veterinarian of our choice permission to start treatment. You further agree to full financial responsibility for any/all medical expenses incurred for the medical treatment provided. Full payment is required upon receipt of the medical statement.

Owner Signature _____ **Date**_____

Pet Name _____ Breed _____

Owner Name (1) _____ Phone _____

Owner Name (2) _____ Phone _____

Alternative Agent _____ Phone _____

Family Veterinarian

Name _____ Phone _____

_____

Address City State Zip