

**TLC PET HAVEN**  
**68 US Route 146**  
**Sutton, MA 01590**

**Phone: 508-865-3180**

**Fax: 508-865-0621**

**Web: [www.tlcpethaven.com](http://www.tlcpethaven.com)**

[Info@TLCPetHaven.com](mailto:Info@TLCPetHaven.com)

## **Veterinarian Release Form**

### ***Pet # 1 information***

### ***Pet # 2 information***

*Owners name:\_\_\_\_\_*

*Owners name:\_\_\_\_\_*

*Animal's name:\_\_\_\_\_*

*Animal's name:\_\_\_\_\_*

*During my absence, TLC Pet Haven will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.*

*I give TLC Pet Haven permission to transport my pet(s) to the above veterinarian in the event of an emergency or sickness.*

*If this veterinarian is not available, I authorize TLC Pet Haven to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.*

*I give permission to provide treatment as necessary to keep my pet stabilized until I can be contacted to make further decisions.*

*I agree that TLC Pet Haven is released for all liability related to transportation to and from the veterinarian and treatment for sickness or emergency.*

*I agree to authorize the veterinarian to euthanize my pet in extreme circumstances after all reasonable attempts have been made to reach me or my emergency contact.*

*This agreement will remain valid for all visits unless a new one is signed.*

*Signature of owner or agent of pet(s)\_\_\_\_\_*

*Signature of owner or agent of TLC Pet Haven\_\_\_\_\_*