



MEDICAL RELEASE FORM

Should your dog require immediate veterinary care, Fur the Love of Dogs will make every attempt to reach you via the emergency contact information provided below. Should we be unable to reach you, Fur the Love of Dogs will transport to Richmond Veterinary Clinic, 9902 N. Main St. Richmond. If your personal veterinarian is located in Fox Lake we will make every attempt to have your dog taken to them.

I, _____, as guardian of _____, give permission to Fur the Love of Dogs to act as my agent in the event of my dog needing medical attention. I further agree that I will be responsible for any and all cost of veterinary care deemed necessary by the licensed veterinarian.

Signed _____ Date _____

Day Time Phone _____ Cell _____

Emergency Contact

Name _____ Contact# _____

Additional Contact

Name _____ Contact# _____

Regular Veterinarian

Facility _____ Phone _____

Address _____

Vet Name _____