

The Canine Center for Training and Behavior

Veterinarian Notification and Treatment Release

Veterinarian: _____

Hospital/Clinic: _____

Address: _____

Phone: _____

TCCTB has been contracted to care for my pet(s) and has my permission to transport them to your office for treatment. In the event that I cannot be reached in a timely fashion, I authorize you to treat my pet(s) and I will be responsible for payment of any fees as stated below. Please file this form with my records.

To the Hospital:

1. If the above named veterinarian is not available, I authorize another veterinarian in the same practice to treat my pet(s).
2. If neither of the above is available or it is after hours, I authorize **TCCTB** to transport my pet(s) to the nearest emergency clinic for treatment.
3. I authorize TCCTB to approve treatments up to \$_____. Initials_____
4. I understand that TCCTB Pet Services assumes no responsibilities for the loss of any pet(s) and is released from all liability related to transport, treatment and expense.
5. Other conditions:

My pet(s) has the following health issues:

Pet Name(s): _____

Signature

Date