

Coopers Companions Pet Services

Frank Cermak

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Veterinary Care Release

Vet Name/Hospital: _____

Address: _____

To Vet Hospital: During my absence, a representative of Coopers Companions Pet Services will be caring for my pet(s) and has my permission to transport them to your office for treatment

Pet Owner: _____

Address: _____

Phone #: _____

Pet(s) Name: _____

I, _____ (pet owner) hereby give

Coopers Companions Pet Services my express permission to transport any of my pets for care to the above mentioned Veterinarian (or closest facility in event of emergency). I give permission for hospital/clinic/doctor to administer whatever care/medications necessary to care for my pet(s), with the exclusion of the following:

I understand I will be responsible for payment of your veterinary services.

Pet Owner Signature: _____

Date: _____