



Mobile - 0437 649 927 **Email** - bookings@hinterlanddogwhistler.com.au
www.hinterlanddogwhistler.com.au

Veterinarian: _____

Address: _____

Phone: _____

To the Hospital:

HINTERLAND DOG WHISTLER has been contracted to walk and or care for my dog(s) and has my permission to place them in your care in case of an emergency. HINTERLAND DOG WHISTLER will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, 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.

Pet Owner: _____

Address: _____

Phone: _____

Pet(s):

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If neither of these veterinarians are available, I give permission for a member of HINTERLAND DOG WHISTLER to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for HINTERLAND DOG WHISTLER to approve treatment up to \$_____. (_____ initial)
In case you can't contact me or my emergency contact listed on my contract with HINTERLAND DOG WHISTLER.
3. HINTERLAND DOG WHISTLER take no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.
4. Other conditions, if any:

My pet(s) has/have the following health issues:

This consent for treatment has no expiration date unless otherwise noted.

Client Signature: _____

Date: _____