



Two River
PET CARE LLC

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Veterinarian Release Form

Veterinarian Name: _____ Phone: _____

Veterinarian Address: _____

During my absence, Two River Pet Care LLC is caring for my pet(s). In the event of a medical emergency, I authorize you (the veterinarian) to administer medical treatment as necessary and will be responsible for full payment to you (the veterinarian) upon my return.

I, _____, residing at _____, give Two River Pet Care LLC permission to transport my pet(s) to the above veterinarian in the event of an emergency or sickness.

If the specified veterinarian is not available, I authorize Two River Pet Care LLC 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 Emergency Veterinarian Clinic/Hospital.

I give permission to provide treatment up to \$_____.

I agree that Two River Pet Care LLC is released from all liability related to transportation to and from the veterinarian and treatment for sickness or emergency.

This agreement will remain valid for all visits unless a new agreement is signed to supersede this agreement.

Client Signature

Date