



20 ridgewood road
cold spring, new york 10516
845-642-0002
john@shepherdandgrey.com

VETERINARY RELEASE

Vet name and practice: _____

Address: _____

Phone and/or email: _____

Pet name(s): _____

In the event of an emergency injury or illness I authorize you (veterinarian) to administer medical treatment as requested by Shepherd and Grey Daycare and Guesthouse.

I, _____, give Shepherd and Grey permission to transport my pet(s) to the above-referenced veterinarian (or in the case of extenuating circumstances, another local vet practitioner) in the event of an emergency injury or illness.

I authorize Shepherd and Grey to seek medical care/treatment for my pet(s). If emergency care is needed after regular office hours, my pet(s) may be taken to and serviced by a local emergency veterinary clinic/hospital.

I understand that Shepherd and Grey assumes no responsibility for injury to, illness befalling, or loss of my pet, and is released from all liability related to transportation, treatment, and expense in such circumstances.

This agreement will remain valid for all visits unless a new one is signed.

Client signature

Date