



# Canine Clubhouse

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## Veterinary Release Form

In the event that your dog requires veterinary attention while under the care of Canine Clubhouse he/she will be taken to the nearest veterinarian office. We will consult with your preferred veterinary provider as well as you (the owner) prior to any medical treatments being administered. You (the owner) agree to assume full responsibility for payment and/or reimbursement for veterinary services. Upon signing below this agreement will be valid from the below-listed date forward while your pet(s) is in the care of Canine Clubhouse.

Please list below your preferred veterinary provider as well as a description of your pet(s) and his/her medical conditions.

Veterinary Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Description: \_\_\_\_\_

Age: \_\_\_\_\_

Medical Conditions/Medications: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Description: \_\_\_\_\_

Age: \_\_\_\_\_

Medical Conditions/Medications: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Description: \_\_\_\_\_

Age: \_\_\_\_\_

Medical Conditions/Medications: \_\_\_\_\_

I, \_\_\_\_\_, (print name) certify that I have read and accept all the terms, conditions, and statements of this agreement.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date