

Veterinarian Release Form

(Mandatory For All Reservations)

Owners Name _____

Arrival Date _____ Departure Date _____

Phone # _____ Cell # _____ Other _____

Pets Name(s) _____ Breed _____ Age _____

Emergency contact other than yourself _____

Phone # _____ Work # _____ Cell# _____

CREDIT CARD # (Mandatory) VISA or MASTERCARD ONLY

_____ EXP DATE _____ CRV # _____

Dollar Amount: (minimum of \$200.00 required) _____

I authorize Add-En-On Kennels to seek emergency medical attention for my pet(s). I understand that an emergency surgery for "GASTRIC TORSION", as an example, is very costly starting at \$2500.00 and can range upwards of \$ 6000.00. I furthermore take full responsibility for my pets medical expenses and authorize treatment, surgery and if necessary, euthanasia. I authorize and give my permission for Add-En-On Kennels to discuss and/or receive my pets medical records, or discuss the medical condition at hand on my behalf.

Owners Signature _____ Date _____