



Wild Tails

Trealaw Road, Tonypany, Cf40 2NP

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Veterinary Release Form

Authorisation for Wild Tails

I (the pet owner) authorise the attending veterinarian to treat my pet/s as listed below and I accept full responsibility for all fees and charges incurred in the treatment of my pets.

The dog walker Wild Tails is authorised to transport my pet/s as listed below to and from the veterinary clinic for treatment or to request "on site" treatment if deemed necessary. The dog walker will endeavour to contact me as best they can but in case of emergency and I am unable to respond the dog walker shall act on my behalf to authorise treatment excluding euthanasia.

Name				
Address				
Email				
Telephone	Mobile / Main	Home	Work	Emergency

Dog's name (s)	Breed (s)	Age	Known medical condition/s
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

Continue overleaf if required

Signed by owner:	Signed on behalf of Wild Tails:
Date:	Date:

