



ANIMAL HOSPITAL
OF
CLOVERDALE

20 Industrial Drive
Cloverdale, CA 95425
(707) 894-3951

Veterinary Care Release Agreement

In the event that a pet of mine becomes ill, injured, or is experiencing any medical problem, I hereby give permission to _____ to seek care of my pet at The Animal Hospital of Cloverdale.

I will assume all financial responsibility for medical services rendered, including but not limited to, diagnosis, treatment, grooming, medical supplies, and hospitalization. I agree to provide payment within 30 days of the initial incident. I hereby request that services provided are not to exceed \$_____ (common values are \$500, \$1000, unlimited).

By signing this form, I understand that I am giving the person named above sole authority to make medical decision regarding the animals named below from this date forward until _____.

Owner Name _____

Pet Name(s) _____

Address _____

Phone Number(s) _____

Signature _____ Date _____

Thank you for choosing The Animal Hospital of Cloverdale!