



Please complete this form prior to John's Pampered Pets service commencing.
Answering as fully as possible will help ensure you and your dog have the best possible service and care.

PET INFORMATION

Pet Name Age

Description

Medical Conditions

Medications

Pet Name Age

Description

Medical Conditions

Medications

Pet Name Age

Description

Medical Conditions

Medications

VET INFORMATION

If a pet named above becomes ill or is injured, I request that John's Pampered Pets take the pet to the following vet:

Vet Office/Name Phone#

Address

Alternate Vet

Vet Office/Name Phone#

Address

RELEASE

I give permission to John's Pampered Pets to approve treatment up to \$

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize John's Pampered Pets to take my pet/s to another veterinary office for treatment. I understand that John's Pampered Pets cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below or whenever John's Pampered Pets cares for my pets:

Owner's signature: _____ Date: _____

Owner's name