

VETERINARY RELEASE

TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed below and will accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

Underworld Kennels & Dog Training is authorized to transport my pet to and from the veterinary clinic for treatment or to request "On-site" treatment if deemed necessary. If I cannot be reached in case of emergency, Underworld Kennels & Dog Training representatives shall act on my behalf to authorize any treatment excluding euthanasia.

Client's Dog (Name): _____ **Breed:** _____
Age: _____ **Color:** _____

Executed on this _____ day of _____, 20_____.

Client (Print name)

Client (Signature)

Underworld Kennels (Print name)

Underworld Kennels (Signature)

Notes: _____

