

**Veterinarian Release**

**TO THE VETERINARIAN HOSPITAL:**

During my absence, a representative of Zen Pet will be caring for my pet(s) and has my permission to transport them to your office for medical assessment and/or treatment. I authorize you to treat my pet(s) and will be responsible for full payment to you upon my return.

**Client Name:**

**Address:**

**City State Zip**

**Phone**

**Veterinarian**

**Address**

**City State Zip**

**Phone**

**Pets Names**

I, , legal owner of this/these pet(s), hereby give this representative of Zen Pet my express permission to transport my pet(s) for care to the above-mentioned veterinarian (or closest facility in the event of emergency).

I give permission for the hospital/clinic/doctor to administer whatever care/medications deemed necessary for my pet(s).

Pet Owner Date

Zen Pet Date