



**WAG & TRAIN**<sup>LLC</sup>  
Animal Behavior Specialists

## Veterinary Release Form

In the event of illness or injury to my pet(s), I authorize Wag & Train and its employees, as my pet care giver, to bring in my pet(s) for whatever medical treatment required.

I will assume full responsibility for payment of all services rendered for any medical treatment or medications.

In the case of an emergency I would prefer to have my pet taken to the following veterinary clinic: \_\_\_\_\_ under the care of \_\_\_\_\_, who can be reached at (phone) \_\_\_\_\_.

However in the event my pet cannot be seen, I give full authorization for Wag & Train to take my pet(s) to the nearest emergency Veterinarian clinic in case of an emergency.

*\*Wag & Train is not responsible for the cost of any General or Emergency Vet Care\**

### Credit Card Information

Name on Card: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
3 Digit Security Code: \_\_\_\_\_

*Your credit card information will be kept safe and confidential  
and will only be used for veterinary related costs if needed.*

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Signature

Date

**YOUR PETS WELL BEING IS OUR NUMBER ONE CONCERN!**

Please fax to 303-780-0424