



VETERINARY CARE RELEASE

Owner's Name _____ Date _____

Address _____

Cell Phone #(s) _____

Additional Name _____ Cell Phone # _____

Emergency Contact(s) for Medical Decisions:

Pet's Names / Age / Breed Info:

To Whom It May Concern: During my absence, a representative of Laura's Best Care, LLC will be caring for my pet(s). I hereby give Laura Fournier-Wick or her representative permission to transport my pets to a veterinarian or an emergency clinic, if necessary. In the event I cannot be reached, I authorize Laura Fournier-Wick to act as an agent on my behalf regarding my pet's medical care. I accept full responsibility for all fees and charges incurred in the treatment of my pet(s) and understand I must make restitution to Laura's Best Care, LLC within 14 days for any monetary amount the company supplied for the treatment of my pet(s). I understand Laura's Best Care, LLC assumes no responsibility for the loss of a pet and are released from all liability related to transportation, treatment and expense. I will be responsible for all charges incurred during the treatment of my pets limited to the conditions of this authorization. If after several attempts neither I nor my emergency contact person can be reached, I authorize Laura Fournier-Wick to use her best judgment along with the advice of the veterinarian in charge of care, to authorize any treatment including euthanasia. *

Preferred Vet Clinic: _____ Phone: _____

Address: _____

Preferred Emergency Clinic:

MedVet Medical & Cancer Centers for Pets / Moraine, OH / (937) 293-2717 – **Y or N**

Dayton Care Center / Centerville, OH / (937) 428-0911 – **Y or N**

*Please understand the decision to proceed with euthanasia would be in an **EXTREME** emergency case in which your pet is truly suffering. I will always make numerous attempts to reach you or your emergency contact prior to making important medical decisions.

Signature: _____

Print Name: _____

LBC, LLC Signature: _____