

CONSENT FORM

Owners name _____
Address _____ City _____ Zip _____
Phone _____ Email _____
Alternate contact information _____

Pets name _____ DOB _____ Age _____
Breed _____ Weight _____ Color _____
Male _____ Female _____ Spayed/Neutered _____

Veterinarian _____ Phone _____
Medications _____
Medical/skin issues _____
Special handling _____
Flea/Tick _____
Vaccinations _____ Rabies _____

Emergency Release Form

We will treat your pet(s) as one of our own, in the case of an emergency I give Bark N Meow (BNM) and it's employees permission while caring for my pet(s) to seek necessary medical treatment that may come up during my absence. In the case my Veterinarian is unavailable, I give BNM permission to seek other veterinary services. I agree that all services will be at the owners expense. I will not hold BNM responsible for any of the cost.

Owner _____ Date _____