



**VETERINARY RELEASE FORM**

I give permission to Active Dog LLC to obtain and direct Veterinary treatment for my dog, \_\_\_\_\_, in the event that my dog becomes ill or injured while in their care. I agree to pay in full for such treatment and to indemnify and defend Active Dog LLC and its employees against any claims relating to such treatment.

My preferred Veterinarian is:

Doctor(s): \_\_\_\_\_

Located at: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

However, I understand that in an emergency, the CUHAEC (Cornell University Hospital for Animals and Emergency Center) or another closer emergency center may be used.

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)