

**Pet Release Form**

In the event that my pet should become ill or need emergency care, I hereby authorize K9 Klipn's Kritter Kamp to seek medical attention.

K9 Klipn's Kritter Kamp will do our best to contact your pet's own veterinarian on record. If he or she cannot be contacted we will use those veterinarians available to us.

I assume responsibility for all expenses incurred in the care of my pet. I also understand that all charges will be paid in full at the time of release.

K9 Klipn's Kritter Kamp agrees to provide the best care and safety possible to prevent injury or illness to my pet. The owner and employees of the facility shall not be held personally liable for injury or illness.

**Special Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Owner or Agent of Pet** **Date**