

## Veterinarian Release

7680 Talbert Ave, Suite I · Huntington Beach · CA · 92648 Phone: 714-421-4471 <a href="https://www.pawschateau.com">www.pawschateau.com</a>

Dog(s) Inform	<u>ation</u>
Dog Name(s):	:
Birth Date(s):	
Known medic	al conditions:
Paws Chateau	On-Call Veterinarian Information
Veterinarian:	Beach City Animal Hospital / Dr. Mikhail Warner Animal Hospital / Dr. Beshai
After Hours Er	mergency Veterinarian Information
Veterinarian: <u>V</u>	/CA West Coast Emergency Animal Hospital
	ence, Paws Chateau will be caring for my dog(s). In the event of an emergency, I authorize erinarian) to administer medical treatment and I will be responsible for payment to you (veterinarian) upon my return.
	, give Paws Chateau permission to transport my pet(s) to the above nd authorize treatment in the event of an emergency or sickness. If emergency care is needed office hours, my dog(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.
(input maximum not limited to, I agree that Pagree tha	ion to Paws Chateau to approve treatment up to \$um dollar amount or "no limit"). I agree to be responsible for all charges upon my return including, but vet fees, extra visit fees and transportation fees.  aws Chateau is released from all liability related to transportation to and from veterinarian and sickness or emergency.
This release w	vill remain valid for all current and future visits unless a new release is signed.

Client's Signature

Date