



Pawsitive Vet Consent Form



Pet Owner

I, the undersigned, hereby give my permission for Pawsitive Retreat to take my dog, to a veterinarian in the event of an emergency. I understand that if I am unavailable or unable to be contacted, Pawsitive Retreat will make the best decisions regarding my dog's welfare.

I acknowledge that while every effort will be made to reach me, Pawsitive Retreat will act in the best interest of my pet's health and well-being. I understand that this decision may have significant implications for my family, and I trust Pawsitive Retreat to handle the situation with care and consideration.

Pet Owner's Name: _____

Pet Name: _____

Signature: _____

Date: _____

Emergency Contact Number: _____

Alternate Contact Number: _____

Thank you for trusting Pawsitive Retreat with the care of your beloved pet.

