PET CARE PERMISSION FORM
For Shavano Park Pet

If I or my emergency contact cannot be reached in the event of my pet being found with a serious injury,
I grant permission for my pet, _____ to be taken to _____ (Vet Name & number) or if past hours the Emergency Vet Hospital.
I will reimburse any payments for my pet's care. Permission is granted to contact our vet to confirm.

I am aware that the best decision will be made by veterinarians in the care of my pet for him/her to undergo the most painless process if he/she is severely injured. This may possibly include euthanasia, which will only be considered under the most serious circumstances.

Pet Owner's Signature, address, and date.

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