



Pickles Paw Spa & Playhouse, LLC.

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Veterinary Release Form

TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed on the Pet Information sheet and accept full responsibility for all fees and charges incurred in the treatment of any of my pets.

Pickles Paw Spa & Playhouse LLC is authorized to transport my pet(s) to and from the veterinary clinic for treatment. If I cannot be reached in case of an emergency, Pickles Paw Spa & Playhouse LLC shall act on my behalf to authorize any necessary treatment excluding euthanasia.

Pet Sitter's Full Name:

Owner's Signature: _____

Date: _____