



Consent Form

I hereby give Playful Paws Inc. and the staff consent to access any vaccination/veterinary records for my below listed pets.

Please provide them with updated records as required. In addition, if an emergency arises I consent to them being able to bring my pets(s) listed in for treatment as required until I can be reached and informed of the situation.

PET(S):

1:

2:

3:

Owners Name, Address & Number as seen on Veterinary files:

Client Signature: _____ Date: _____

Client Name (Print): _____

Staff Signature: _____ Date: _____

By signing this form you hereby acknowledge that you have read, agree, and understand the terms of this document.

Playful Paws Inc. – 902-464-PAWS Fax: 902-464-9362 Email: info@playfulpawsinc.com