



## Grooming & Kenneling Emergency Care Release Form

**To whom it may concern:** I have contracted for services with Opal Ridge Grooming & Kenneling during my absence and I authorize Opal Ridge or it's duly authorized representative to act on my behalf to request veterinary treatment and services when, as and how they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s):

Special Instructions:

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I, \_\_\_\_\_  
authorize Opal Ridge Grooming and Kenneling to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Veterinarian:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_