



Medical/Senior Vet Release Form

This form is for any dog(s) with a pre-existing condition(s), had major surgeries and/or 10+ years of age

Pet's Name: Breed: Age:

Clinic Name: Veterinarians Name: _____

Address _____ City _____ Zip _____

Phone Number _____

Medical conditions/injuries **PLEASE LIST ANY MEDICAL CONDITIONS (seizures, joint issues, chronic urinary tract infections etc.)**

Treatment(s) (Medication, Surgery etc.):

, has been under my care and I certify that he/she does not have a medical condition that would preclude him/her from activities at bark! bark!

Veterinarians Signature: Date:

MUST BE PRINTED AND PHYSICALLY SIGNED BY VET AND UPLOADED / SHARED WITH BARK! BARK! STAFF