



Pets On Board Transport, LLC

502 Meadowlark Lane • Oldtown, ID 83822
P.O. Box 310 • Newport, WA 99156
(888) 914-PETS • FAX (208) 437-2113
email: petsonboardtransport@frontier.com



Medical Release Form

Please give to the transport driver with your pet's health certificate

Client's Name _____

Address _____

Phone # _____ Cell Phone _____

Email Address _____

Pet's Name(s) _____

Description of pet(s) Name, Breed, Sex, Age, Neutered/Spayed, Medical History

In the event the pet or pets described herein should become ill or be injured and require veterinary care as the responsible party I, _____, hereby authorize *Pets on Board Transport, LLC* to seek medical treatment from a licensed veterinarian. I will take full financial responsibility for all charges incurred.

If *Pets on Board Transport* is unable to reach me, I authorize them to arrange for any emergency treatment deemed necessary for the well-being and health of the/my pet(s).

My signature below acknowledges that I have read and understand this document, and I agree to hold *Pets on Board Transport LLC* harmless from any illness or injury of my pet during or after transport of my pet.

Client's Name _____ Date: _____
Please print

Client's Signature _____