



OFFICE HOURS
 Monday – Friday 8:00am – 4:00pm |CLOSED: 12:00pm – 2:00pm
 Saturday: 8:00am – 4:00pm
 Sunday: CLOSED – Pick up & Drop Off by appointment ONLY

EMERGENCY CONTACTS LIST ONLY CONTACTS THAT CAN MAKE MEDICAL & FINANCIAL DECISIONS

EMERGENCY CONTACT NAME: _____ PHONE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

VETERINARIAN NAME: _____ PHONE: _____

HOW DID YOU HEAR ABOUT US? FRIEND ___ VET ___ WEBSITE ___ OTHER _____

I, _____, authorize VET OR EMERGENCY ANIMAL HOSPITAL OF THE KENNEL'S CHOICE to give my dog medical care in case of an emergency but not to exceed \$ _____

EMERGENCY POLICY & MEDICAL RELEASE FORM

If your dog needs medical attention while at **Dog on Fun**, we will call the emergency numbers provided to us and your primary vet.

However, if your dog needs to be seen by another veterinarian and your emergency contacts are not available, **Dog on Fun** will make the necessary arrangements to transport your pet to VET OR EMERGENCY ANIMAL HOSPITAL OF THE KENNEL'S CHOICE. The owner of the pet will be responsible for all fees incurred at VET OR EMERGENCY ANIMAL HOSPITAL OF THE KENNEL'S CHOICE. _____ (initial)

If your dog needs medical attention and time does not permit notifying the emergency contacts, **Dog on Fun** will make the necessary arrangements to transport your dog to VET OR EMERGENCY ANIMAL HOSPITAL OF THE KENNEL'S CHOICE and the owner will be charged all fees incurred at VET OR EMERGENCY ANIMAL HOSPITAL OF THE KENNEL'S CHOICE. _____ (initial)

If your dog needs medical attention during non-business hours, **Dog on Fun** will make necessary arrangements to transport your dog to an Emergency Pet Clinic. The owner will be responsible for all fees incurred at the **VET OR EMERGENCY ANIMAL HOSPITAL OF THE KENNEL'S CHOICE**. _____ (initial)

If your dog is released from the Pet Clinic but needs hospitalization, **Dog on Fun** will arrange for your dog to be taken to a VET OR EMERGENCY ANIMAL HOSPITAL OF THE KENNEL'S CHOICE. The owner will be responsible for all fees incurred at **VET OR EMERGENCY ANIMAL HOSPITAL OF THE KENNEL'S CHOICE**. _____ (initial)

I, _____, understand and agree to the Emergency Policy set forth above and assume full responsibility for all fees and services incurred.

RELEASE FROM LIABILITY

I, _____, understand and agree that Dog on Fun, its current and former officers, directors, agents, and representatives and employees will not be held financially responsible for and injury to my dog while at Dog on Fun.

PRINT NAME: _____

SIGN NAME: _____