

Dog's Name: _____

Red Barn Dog Boarding & Daycare
707-467-7205 redbarndogboarding.com

Date _____

Emergency Contact & Medical Form

Should you be unavailable, list whom you would like us to contact in case of an emergency:

Name _____ Phone _____

Address _____

I give permission for release of my pet in the event of an emergency to the person named above. I further give permission for medical attention outlined below, including accepting financial responsibility for medical care for my pet. This permission is valid for a 12-month period from the date signed.

I give Kathie McAdams or her representative permission to seek any and all emergency medical attention deemed necessary for my pet listed below. I further agree to be financially responsible for all veterinary bills incurred on behalf of my pet. This agreement is valid for a 12-month period from the date signed. Please Note: if medical care is required, we will attempt to phone you and allow you to make medical decisions regarding your animal. If you are unavailable, we will make decisions based on the best interest of your animal. If there is a maximum amount you authorize in veterinary care, please identify that here: \$ _____

I have read the Red Barn Dog Boarding & Day Care policies and medical release form. I agree to all the above information.

Signature

Date

Animal Name