

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.

If owner or emergency contacts can not be reached, and the dog requires quarantine or special care due to illness, an additional \$25.00 per day will be charged.

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