



## DOGGIE DAY MDICAL RELEASE FORM

This is a required form for all K9 Aquatic and Daycare Center participants receiving services.

First and for most the safety and well being of your pet(s) is of the highest importance. Ensuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions, but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service we provide. It is imperative that we are immediately able to get them medical treatment at the closest availability facility.

Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason, it is a requirement to have our parents sign this form.

I understand that in the event of a medical emergency, that K9 Aquatic and Daycare Center, at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize K9 Aquatic and Daycare Center to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receive as a result of a medical emergency while attending services provided by K9 Aquatic and Daycare Center.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_