



DOG HAUS DAYCARE & BOARDING VETERINARIAN RELEASE FORM

Dog Information

Name: _____ Breed: _____
Sex: _____ Age: _____ Birthday: _____ (month/day/year)
Spayed or Neutered : Yes No

Veterinary Clinic Information

Name of Veterinarian: _____
Name of Clinic: _____
Address of Clinic: _____
Closest Intersection: _____
Phone Number: _____
Pet Insurance Company (if applicable): _____
Policy Number: _____

In the event that my dog(s) appears injured or ill during his/her stay at Queen West Animal Hospital (herein referred to as QWAH) Animal Haus Boarding *during office hours* I, _____ give QWAH Animal Haus Boarding facility permission to seek veterinary care for my dog(s) at My dogs(s) primary veterinary care provider as stated above

or

Any Doctor of Veterinary Medicine at Queen West Animal Hospital located on the 1st floor of the facility.

In the event that my dog appears injured, or ill during his/her stay at QWAH Animal Haus Boarding facility *after office hours* I,

_____ give QWAH Animal Haus Boarding Facility permission to seek veterinary care for my dog(s). At this time, my emergency contacts or myself would be called to transport my dog(s) to a local veterinary emergency facility. Queen West Animal Hospital does not offer after hours emergency care on site.

I will assume full responsibility for the payment for any and all veterinary services rendered, including but not limited to diagnosis, treatment, laboratory testing, medical supplies and boarding.

I ask QWAH Animal Haus Boarding Facility to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit to \$ _____ per dog/all dogs. I understand efforts will be made to contact me regarding any treatment, illness, injury, or potential problems as soon as contact is possible.

I agreed to allow QWAH Animal Haus Boarding Facility to use their best judgment in handling these situations, and I understand that QWAH Animal Haus Boarding Facility and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my dog(s).

This agreement is valid from the date below and grants permission for future

veterinary care without the need for additional authorization each time QWAH Animal Haus Boarding Facility cares for my dog(s). I agree that if QWAH Animal Haus Boarding Facility cannot reach me I give my emergency contacts provided to have authorization to make health, medical and financial decisions for my dog(s).

Name of Dog(s): _____

Owner Name: _____

Owner Signature: _____ Date: _____