



## DOG DAYCARE VETERINARIAN RELEASE FORM

### Dog(s) Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ (month/day/year)

Spayed or Neutered :  Yes  No **(we do not accept intact dogs after the age of 6 months)**

### **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's (herein referred to as QWAH) Animal Haus during office hours I, \_\_\_\_\_, understand that for best continuity of care of my dog, QWAH's Animal Haus staff will contact myself or one of my emergency contacts to arrange for transportation and veterinary care with my primary veterinary care provider as stated above. Existing clients and patients of Queen West Animal Hospital will be seen by any Doctor of Veterinary Medicine at Queen West Animal Hospital located on the 1st floor of the facility.

\*\*If my dog is deemed to be in a state of medical emergency or not physically stable enough for transport to my primary veterinary care provider **during office hours**, my dog will be seen by 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's Animal Haus **after office hours** I, \_\_\_\_\_, give QWAH Animal Haus Boarding Facility permission to seek veterinary care for my dog(s). My emergency contacts or myself will 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.**

\_\_\_\_\_ Client initial

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

I ask QWAH's Animal Haus to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$\_\_\_\_\_ per dog.

I understand efforts will be made to contact me regarding any treatment, illness, injury, or potential problems as soon as contact is possible. I agree 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 listed emergency contacts authorization to make health, medical and financial decisions for my dog(s).

Owner Name: \_\_\_\_\_  
Owner Signature: \_\_\_\_\_  
Date: \_\_\_\_\_