

## Medical Release Form

Does your dog have any health concerns that you are aware of? \_\_\_\_\_

Does your dog have any medical restrictions on his/her activities? \_\_\_\_\_

Is your dog currently on any medication? \_\_\_\_\_

Does your dog have any allergies? \_\_\_\_\_

Does your dog receive flea and tick preventative? Type \_\_\_\_\_

This is a required form for all Four Paws Only Doggie Camp participants receiving services.

First and foremost the safety and well-being of your pet(s) is of the highest importance. Insuring 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 that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity to us to insure they can handle the emergency present. 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 emotions 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 pet parents sign this form.

I understand that in the event of a medical emergency that Four Paws Only Doggie Camp, at its sole discretion, deems the need for immediate attention of a licensed veterinarian, I authorize Four Paws Only Doggie Camp 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) receives as a result of a medical emergency while attending services provided by Four Paws Only Doggie Camp

Contact Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_