



Carter's PET DEPOT Doggie Daycare/Boarding Emergency Information/Medical Release Form

Pet's Name: _____ Breed: _____ Age: _____

Please list any pre-existing medical conditions: _____

Please list any medication being administered: _____

If my dog _____ becomes ill or injured, I request Carter's PET DEPOT take my dog to:

Veterinarian:

Dr.'s Name & Clinic: _____

Address: _____

City / State / Zip: _____

Phone: _____

I authorize Carter's PET DEPOT to approve Veterinary treatments up to \$ _____

I understand that in the event of a medical emergency, Carter's PET DEPOT will make every effort possible to take my dog to the above mentioned Veterinary Facility. However, if the facility is unavailable or Carter's PET DEPOT deems it necessary, Carter's PET DEPOT will seek medical treatment at the closest available Veterinary Facility. I understand that Carter's PET DEPOT cannot be held responsible for the results of the Veterinary treatment. I further agree that I am financially responsible for any medical treatment my dog receives as a result of a medical emergency while attending services provided by Carter's PET DEPOT.

Signature: _____ Date: _____