GIGGLY DOGS
Small Dog Daycare & Boarding

23211 W Hammomd Ln – Buckeye, AZ 85326
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~~~~ EMERGENCY RELEASE ~~~~

VET INFORMATION:

NAME: _____ CLINIC: _____

PHONE: _____ ADDRESS _____

To Vet Hospital:
Angela Schuller of Giggly Dogs has been contracted to care for my pet/s and is authorized to place my pet/s in your care in case of an emergency. Angela will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet/s and will be responsible for payment of any fees as stated below. **Please file this form with my records.**

Pet Owner: _____

Address: _____

Phones: _____ OR _____

Pet/s: _____

*If above named veterinarian is not available, I agree that another vet in this practice may attend my pet/s.

*If my vet clinic is not available, I give permission to Angela Schuller to take my pet/s to the nearest animal hospital or emergency clinic.

I will approve treatment up to $_____ (_____ initial)

It is understood that Angela Schuller and Giggly Dogs assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment, and expense.

KNOWN HEALTH ISSUES OF PET/S:

This consent for treatment has no expiration date unless otherwise noted.

_____ _____/_____ _____

Client Signature Date Angela Schuller