Permission for Veterinary Care

Please read and initial.

__ While my pet is being boarded at At-Home Kennels, all precautions will be taken to ensure his/her health and happiness. However, should my pet become ill or injured during the stay, I understand that he/she may be taken to a veterinary clinic for treatment.

__ At-Home Kennels staff will do their best to contact me as soon as possible regarding any treatment of my pet. However, if I or my emergency contact is not reachable at the time, I give At-Home Kennels permission to take my pet to a veterinary clinic for any emergency care.

__I understand that I am totally responsible for all veterinary costs associated with my pet's treatment. Knowing this, I authorize up to _____ dollars for veterinary care regardless of At-Home Kennels ability to reach me for prior authorization.

My preferred veterinary clinic is: _____

__ I understand that if my preferred veterinary clinic is not available or if a life threatening situation has occurred, my pet will be taken to the first available veterinary or emergency clinic.

__ I authorize the following person to be my emergency contact. He/she has my permission to make any financial and/or medical decisions regarding the care of my pet.

My emergency contact in Tucson is: _____

Home phone # : _____ Cell/work: _____

If no one is available and treatment exceeds the above dollar amount, I would like the following to be done: (Initial all that apply)

__ Please provide only basic treatment to ensure my pets comfort until I can be contacted or return from my trip.

__ My pet is old, terminally ill, or if my pet's quality of life has declined significantly regardless of age, please let my pet pass away peacefully . I authorize euthanasia if deemed necessary by the veterinarian.

__ I wish to provide my pet with all available resources. Please ensure that anything my pet requires is done immediately to allow for a speedy recovery. I understand that this may include diagnostics and treatment, which will be costly and I will be fully responsible for all veterinary fees.

If my pet passes away during his/her stay, please do the following:

__ I wish to have my pet cremated.
- __ Please have the ashes returned to me.
- __ I do not want the ashes.

__ I would like my pet returned to me for burial. Please have a veterinary clinic hold him/her until I return.

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Owner's name (printed) : _____

Emergency phone # (1st to call) : _____

Owner's signature : _____

Pet name (s) : _____

Date : _____

Kennel witness signature : _____

This form will be effective for 3 years from the above date. The owner will provide updated emergency information for each stay during this time period. If none is provided, it will be assumed that the current information is still correct.

Please list anyone that is authorized to visit and pick up your pet (s) :

1. _____
2. _____
3. _____
4. _____

Updated (signature and date) :