

WOOFGANG'S DOGGIE DAYCARE
EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Woofgang's Doggie Daycare will make every effort to contact you in any emergency situation with your dog before we transfer to a licensed veterinarian. This authorization gives associates of Woofgang's Doggie Daycare to act on my behalf in the event my dog needs medical attention.

I, the owner, authorize a licensed veterinarian and their assistants, to administer treatment and perform procedures as are considered therapeutically and diagnostically necessary for the care of my dog, including administration of anesthesia. In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my dog until I can be contacted for further approval.

I accept full responsibility for any and all financial responsibility for the treatment that my dog receives from the licensed veterinarian and their staff.

I hereby release Woofgang's Doggie Daycare from any and all claims from any emergency situation.

Dog's Name: _____

Signature: _____

Date: _____