



WWW.DOGGIEDOGGOOD.COM

Toll Free 1(877) K9-RULES

Direct Line (805) 473-1701

Medical Release Form

I, _____, give any Trainer/Agent from Doggie Do Good, Inc. permission to authorize any veterinary medical care during my absence. I will accept all charges related to the treatment of _____ in the event of an emergency.
(doggie's name & breed)

Vet's Office: _____

Vet's Name: _____

Vet's Address: _____

Vet's Phone: _____

May we take your dog to our local vet in case of emergency (please circle)? YES NO

Signature _____ Date _____

____ I will be traveling out of the country from _____ to _____ while my dog is at DDG, Inc.

____ I will be traveling out of state from _____ to _____ while my dog is at DDG, Inc.

Phone Numbers for Emergency Contact

Home: _____

Cell: _____

Work: _____

Other (please describe): _____

Spouse Cell and name: _____

Spouse Work: _____

If you are going out of town, please provide a local contact

Name: _____

Home Number: _____

Cell Number: _____

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