**54 Dogs Boarding & Day Play, LLC**
**2409 Highway 54**
**Moreland, GA 30259**
**(770) 639-8034 54dogsplay@gmail.com**

# Veterinary Release Form

If any of the below named pets should become ill or injured, I (Owner) _____ authorize **54Dogs Boarding & Day Play, LLC (54Dogs, Mary Frances Crowe, and/or Staff**) hereinafter, collectively "54Dogs," to seek medical treatment for my dog at the following Veterinary Hospital/Clinic:

| | | |
|---|---|---|
| Owner's Name: | Phone #: | |
| Address: | | ZIP: |
| Veterinary Hospital: | Phone #: | |
| Hospital/Clinic Address: | | |

***A copy of each pet's vaccination record is required.***

Pet's Name: _____ DOB: _____ Breed/Description: _____
Pet's Name: _____ DOB: _____ Breed/Description: _____

(1) I authorize **54Dogs** to seek and approve treatment up to $_____. It is agreed that Owner will assume full financial responsibility of all costs for veterinary services and care, such as hospital admittance, medical supplies, medications, after-hour emergency care, and any other requirement as prescribed by the doctor. It is further understood and agreed that 54Dogs will not be responsible for the death or injury to the pet in the event that Owner fails to authorize treatment and/or resulting from preexisting or unforeseen health issues. If the veterinarian named above is not available or refuses treatment, another veterinarian in the veterinary group practice or another veterinary clinic/hospital is acceptable to ensure the pet receives treatment with all financial and liability statements here remaining. _____ **Owner's Initials**

(2) If emergency care is needed after regular veterinary office hours, my pet(s) ***may / may not*** (*circle one*) be taken to the nearest emergency veterinarian clinic. In the event that after-hours emergency care is needed, it is understood/agreed that the Owner will assume full financial responsibility for all expenses related to veterinary services and care, hospital admittance, medications, medical supplies, transportation, and any other requirement as prescribed by the veterinarian. _____ **Owner's Initials**

(3) I understand that even under strict supervision, injury/illness can occur to pets during play, and I hold 54Dogs harmless for such as well as those caused by pre-existing conditions, ingestion of foreign objects, or injury caused to bones/joints/ligaments/tendons/muscles/soft tissue/etc.. All dogs stay and play at the risk of their owners. _____ **Owner's Initials**

(4) This agreement shall remain valid from the date signed below and grants permission for future veterinary care as described above without the need of additional authorizations each time 54Dogs cares for my pet(s), including new pets obtained since the date below. _____ **Owner's Initials**

Owner's Signature: _____ Date: _____