YINZ DOG'S MEDICAL RELEASE FORM

Owner Name:			
Address:	City:	State:	_Zip:
Doggie Name:	Age:	Breed:	

This is a required form for all YINZ DOG'S participants receiving services.

First and foremost the safety and well being of your dog(s) is of the highest importance. Insuring that your god remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our very best to have our dog parents screen for pre-existing health conditions - however; some factors may be beyond our control. In the event that a medical emergency arises while a dog is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closes available facility.

We will call ahead to our veterinary offices and/or our on call veterinary to insure they can handle the emergency present. Your dog will be immediately treated and you will be notified. We notify the owner after we have secured a medical treatment so as to avoid any delays in your dog receiving top notch emergency medical care. Our goal is always the care for your dog first. We have a specific emergency media plan of action that avoids delays any unwanted delays.

For that reason, it is a requirement to have our dog owners/parents sign this form.

I understand that in the event of a medical emergency that YINZ DOG'S, at it's sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Just A Dog's Word and/or it's representatives to seek medical attention at the closest available veterinary facility. Currently at: Always Compassionate Veterinary Care - 4701 Clairton Blvd, Pittsburgh, Pennsylvania 15236 - 412-882-3070 and/or our emergency on call Veterinary Care. I further agree that I am financially responsible for any and all medical treatment my dog(s) receive as a result of a medical emergency while attending services provided by Just a Dog' World.

Signature of Dog Owner:	Date:	
Print Name:		
YINZ DOG'S Representative:		_