**K9to5 Doggy Daycare, LLC.**

**K9to5 Doggy Daycare, LLC. Medical Release Form**

This is a required form for all K9to5 Doggy Daycare, LLC participants receiving

services.

 First and for most, the safety and well-being of your pet(s) is of the highest importance. Ensuring that your pet(s) remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet(s) parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet(s) 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 closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to ensure they can handle the emergency present. Your pet(s) will be rushed to the closest available facility for treatment and you will be notified once your pet(s) is in veterinary care. Our goal is to get your pet(s) medical attention as quickly as humanly possible, and any distractions may interfere with the process.

For that reason it is a requirement to have our pet parents to sign this form.

I understand that in the event of a medical emergency, that K9to5 Doggy Daycare, LLC, at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize K9to5 Doggy Daycare, LLC. to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receive as a result of a medical emergency while attending services provided by K9to5 Doggy Daycare, LLC.

Dog Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_