

If my dog named _____ becomes ill or injured, I request that a representative from The Pampered Pet Palace Doggie DayCare has my permission to take pet to

Veterinarians Office_____

Address_____

Phone number_____

The Pampered Pet Palace and representatives are released of all liability related to any prior medical condition my pet has/had that would cause him/her to get injured or ill.

I give permission for The Pampered Pet Palace representative to transport my dog to and from veterinary clinic to seek treatment. I approve fees and charges up to \$_____. I give the veterinarian permission to administer care and/or medications.

I will assume full responsibility upon return for payment and/or reimbursement for veterinarian cost.

If the above veterinarian isn't available I give permission for representative of The Pampered Pet Palace to take my dog to Veterinarian hospital _____

Address_____

Phone number_____

This agreement is valid starting with the date below!

Signature_____Print Name_____

Date_____

