

MEDICAL EMERGENCY RELEASE

This form must be completed prior to receiving services from RUFF Riders Dog Day Camp. For renewing clients, this form must be updated annually during one of your regular scheduled visits to your veterinary clinic.

I, _____ [name of owner], authorize RUFF Riders Dog Day Camp, to take my dog to my designated veterinarian or pet emergency clinic in the case of sickness or medical emergency. My veterinarian or emergency clinic may administer the proper medical attention necessary during which I, or other persons listed below, will be contacted for further approval of additional medical procedures.

If for any reason RUFF Riders Dog Day Camp is unable to get to my designated veterinarian or emergency clinic in a timely manner, they may take my dog to VCA Atwood Animal Hospital, RUFF Riders Dog Day Camp's designated veterinary hospital.

Primary Vet Hospital: _____
[Name of primary hospital]

Primary Veterinarian: _____
[name of veterinarian]

Address: _____
_____ [address of veterinarian]

Vet Hospital Telephone Number: _____
[phone number of hospital]

Pet Insurance Provider (if applicable): _____
[name of insurance company].

Policy No.: _____
[policy number]

If my primary veterinarian is not available, I authorize the attending veterinarian at the time to administer the proper medical attention necessary.

Dated: _____

Name of Owner

Names of Other Contact Person(s): [names and phone numbers of contact person]

Dog's Name:

TO BE COMPLETED BY YOUR VETERINARIAN
OR
SEND US A COPY OF A RECENT VACCINATION REPORT

I, _____ [name of veterinarian], of _____
_____ [name of primary hospital], verify that my client's dog, _____
_____ [name of dog], is up to date on the following
vaccinations and procedures (check all that apply):

Rabies

Bordetella

Distemper/Parvo

Negative Fecal Test

Heartworm

Flea Prevention

I also verify that my client's dog is healthy enough to receive dog day care services.

Dated:

Name of Veterinarian