

WAGGIN' TAILS ANIMAL INN PERMISSION TO TREAT IN AN EMERGENCY

I, _____, give Waggin' Tails Animal Inn permission to have my pet(s) treated by a veterinarian if necessary. I understand Waggin' Tails Animal Inn will do everything possible to get my pet(s) treatment at my veterinarian. If my veterinarian is not available, I give Waggin' Tails Animal Inn permission to seek medical treatment elsewhere. I understand that in the event of an emergency after hours, Waggin' Tails Animal Inn may have to seek treatment at an emergency clinic.

If the emergency is due to boarding, our Healthy Pet Program covers up to \$500. I understand that I am responsible for all charges incurred (either above \$500 if a covered charge or for all charges that are not covered under our Healthy Pet Program. Please ask a receptionist for a full explanation of our Healthy Pet Program if needed.

A VALID CREDIT CARD IS NEEDED ON FILE FOR ALL CLIENTS.

In the event that I cannot be reached, my wishes are as followed:

I authorize Waggin' Tails Animal Inn to spend up to _____ (write in amount) in the event of an emergency. I understand that this may limit the ability of the emergency clinic to effectively treat my pet if the amount is less than is needed to treat an illness or injury. Keep in mind when entering an amount that most emergency clinics charge a minimum of \$250 for an office visit and evaluation. Please ask a receptionist for more information or help choosing an amount.

A staff member will transport your pet and stay with them during check in and for as much of the treatment as possible. Waggin' Tails Animal Inn does this as a courtesy to our clients and we do not charge for this service. We will also use our best efforts to contact you and keep you informed.

We understand as pets get older, there may be difficult decisions to make regarding the extent of emergency care that would be performed. Please let us know if you have an older pet or a pet with medical conditions that would affect medical care, and we will create a separate document noting this. We ultimately want to follow through with your family's wishes in an emergency situation and get your pet the appropriate care needed.

I am authorizing Waggin' Tails Animal Inn to seek medical treatment and use my current credit card on file for all charges according to my above requests. This contract applies to all pets owned by the _____ family.

Printed Name _____

Signature _____ Date _____