

Acct #: \_\_\_\_\_

**GOOSE CREEK BED & BISCUIT MEDICAL RELEASE FORM**

Date: \_\_\_\_\_ Owners Name: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

1. Please list your pet's current medical problems \_\_\_\_\_  
\_\_\_\_\_
2. Please list any medications your pet is taking \_\_\_\_\_  
\_\_\_\_\_
3. Does your pet have any special needs? \_\_\_\_\_  
\_\_\_\_\_
4. Any previous diagnoses we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

**In the event of an emergency** (ie. A serious situation or occurrence that happens unexpectedly and demands immediate action), the kennel in our sole discretion will engage the services of their veterinarian. The veterinarian will administer all necessary treatments, medications and give other advisable attention, in order to stabilize the pet. The Kennel will then try to notify the owner or the emergency contact. The owner will be responsible for all veterinary expenses incurred during this treatment.

**OWNER SIGNATURE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**In the event your pet requires non-emergency medical care** (exhibits a chronic cough, has nasal or eye discharge, diarrhea, vomiting, etc.) the kennel will try to notify the owner or the emergency contact if the owner is not available on how to proceed in the current situation.

**IF THE KENNEL IS UNABLE TO CONTACT THE OWNER OR THE EMERGENCY CONTACT HOW DO YOU WANT US TO PROCEED?**

- (1) Please proceed with treatment with a permissible allowance of \$\_\_\_\_\_ (please specify an amount)

**Owner Signature** \_\_\_\_\_

**OR**

- (2) Do not treat any non-emergency medical problems until I (or my Emergency Contact) have been notified.

**Owner Signature** \_\_\_\_\_ Rev. 7/15/2019