



ALL ACCESS DOGGY DAYCARE MEDICAL RELEASE FORM

This is a required form for every All Access Doggy Daycare participant receiving services. First and foremost, the safety and wellbeing of your dog(s) is of the utmost importance. Insuring that your dog 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 parents screen for pre-existing health conditions, but some factors may be beyond our control. If a medical emergency arises while your dog 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 insure they can handle the emergency present. Your dog will be rushed to the closest available facility for treatment and you, the owner, will be notified after we have secured a medical treatment center for your dog. Our goal is to get your dog medical attention as quickly and humanely as possible.

I understand that in the event of a medical emergency, that All Access Doggy Daycare will use sole discretion deemed necessary for the immediate attention of a licensed veterinarian. I authorize All Access Doggy Daycare to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my dog(s) may receive as a result of a medical emergency while attending services provided by All Access Doggy Daycare.

Signature of Owner _____ Date _____

Printed Name _____