



GOLDEN PAWS
Luxury Pet Resort

294 County Road 289
Mountain Home, AR 72653
hello@goldenpawspetresort.com

Veterinary & Emergency Information and Release

IN CASE OF EMERGENCY

Client Name: _____ Phone: _____

The following person(s) may take physical possession of my pet(s) in the event of an emergency, or Provider's or Client's incapacity or death:

Primary Emergency Person:

Name(s): _____

Address: _____

Phone: _____

Email: _____

Backup Emergency Person:

Name(s): _____

Address: _____

Phone: _____

Email: _____



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Pet Name: _____ **Age:** _____ **Breed:** _____

Circle one: Sex: M / F Spayed/Neutered Yes / No

Date of last Rabies, Bordatella, Parvo, Kennel Cough and leptospirosis vaccinations:

R: _____

B: _____

L: _____

KC: _____

P: _____

Please list daily/weekly medication(s) and dosage:

Pet Name: _____ **Age:** _____ **Breed:** _____

Circle one: Sex: M / F Spayed/Neutered Yes / No

Date of last Rabies, Bordatella, Parvo, Kennel Cough and leptospirosis vaccinations:

R: _____

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IN CASE OF PET EMERGENCY

If any of pets identified above becomes ill or is injured, I request Provider transport the pet(s) to:

Primary Veterinary Office Name: _____

Address: _____ Phone: _____

Alternate Veterinary Office Name: _____

Address: _____ Phone: _____

I give permission to Provider to approve treatment up to \$_____.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount. I acknowledge that I will be responsible for payment of the extra time and transportation as needed to provide such services.



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If neither of the veterinary offices named above is available, I authorize Provider to take/transport my pet(s) to a veterinary office of his or her choice. I understand that Provider is not responsible for the results of the veterinary treatment or the loss of my pet.

All known medical and behavioral history of my pet(s) has been disclosed to Provider. I specifically represent that my pet(s) has/have not been exposed to rabies or distemper within thirty days immediately prior to care. I further warrant that my pet(s) is/are current on all vaccinations. In addition, signing below I am accepting all charges that would be needed in case of an illness or emergency with your pet(s).

I have read the above document in full and agree.

Owner Signature: _____ Date: _____

Provider Signature: _____ Date: _____