

Alpha Dog Training's Pooch Palace

Veterinarian Consent Form In Case of Emergency

Owner Name:

Dog(s) Name:

Emergency Contact (someone other than yourself or your spouse):

Emergency Contact Phone Number:

Veterinarian Information

We will take your dog to the Veterinarian you have written on the customer information sheet. If your Veterinarian is out of town or you do not have a second choice vet then will take your dog to the closest Veterinarian that will see him/her.

Name of second choice Veterinarian to be used and phone number:

I understand there are certain risk inherent in leaving my dog in the custody of Pooch Palace and with the interaction of dogs there is a chance of injury. If it should become necessary for my dog(s) to receive professional medical treatment, I hereby give my permission for a licensed veterinarian to administer the medical treatment he or she deems necessary including anesthesia. I understand every effort will be made to contact me in such an event. I also understand I am financially responsible for any and all costs resulting from veterinarian care. In case of emergency Jeff Sutton and/or his employee's will take my dog to the veterinarian listed for any service deemed.

I authorize Jeff Sutton and/or the employees of the Pooch Palace to charge up to \$ _____ for treatment.

Please note that this form is only in case of an emergency and we cannot get in touch with you through phone or email.

Signature _____

Date _____