

**Veterinarian Treatment Authorization  
Medical Release**

The safety and well-being of your pet(s) is our TOP priority. Should your pet require emergency medical treatment while in our care, your pet will be taken to the nearest available veterinary facility and the pet owner will be contacted promptly. It is at the sole discretion of Day Days Pet Service, LLC, to determine that your pet is in need of medical treatment and secure to medical treatment for your pet as quickly as possible.

By signing you hereby understand it is at the sole discretion of Dog Days Pet Service, LLC deem that your pet is in need of immediate medical attention by a licensed veterinarian. You are also giving the attending veterinarian of our choice permission to start treatment. You further agree to full financial responsibility for any/all medical expenses incurred for the medical treatment provided. Full payment is required upon receipt of the medical statement.

Owner Name Printed \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alternative Contact \_\_\_\_\_ Phone \_\_\_\_\_