Calling All Dogs, Inc
727-388-5024

Veterinary Medical Care Release Form

In the event of a medical emergency where Calling All Dogs cannot contact you to authorize care immediately and directly, Calling All Dogs will use this form to obtain care.

Veterinarians Information
Name of Veterinarian: _____

Address _____ Phone: _____

I, _____(pet owner) hereby give Calling All Dogs, Inc and/or associates my express permission to transport any of my pets for care to the above mentioned veterinarian (or to closest open facility if my primary Vet office is not available.) I give permission for the hospital/doctor to administer any care or medications necessary. Major procedures such as surgical correction of gastric dilatation with volvulus, enterotomy to remove gastrointestinal foreign body, bone plating for fractures, and others are authorized as long as a veterinarian believes there is a reasonable chance the procedure will result in a successful outcome.

I understand that Calling All Dogs will try to contact me as soon as possible in the event of a medical emergency. If Calling All Dogs can not contact me, I give permission to Calling All Dogs to approve treatment up to $_____per pet.

I agree not to hold any above party liable for competently performed treatments that do not succeed. I will assume full responsibility for the payment for any and all veterinary services rendered. Such payment will be made within 7 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by of Calling All Dogs for emergency transportation and care, and will pay such fees within 7 days.

Name/Breed	Medical Conditions	Current Medication	Special Instructions

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Calling All Dogs, Inc cares for one or more of my pets. Calling All Dogs will provide any emergency number to contact me while I am away.

X_____ X _____
Sign Name Print Name

_____/_____/_____
Date