

**Market Street PET DEPOT
Authorization for Treatment:
(Please Initial)**

As we have a close relationship with our veterinary hospital, all medical issues will be addressed by our staff. We will always make every effort to contact you prior to any medical treatment.

Name of current Veterinary Hospital: _____ Phone number: _____

Name of current Flea and Tick Preventative: _____

_____ I understand that if my pet is NOT currently on flea and tick preventative, my dog/cat will be given Frontline on arrival with permission. I understand that my dog(s)/cat(s) can't be taken back to the accommodations until treated. There will be a fee of approximately \$15 for this service.

_____ If my pet receives vaccines from Market Street Pet Hospital, I am aware of possible vaccination reactions, and if this occurs, treatment will be done at an additional cost.

_____ I understand that if my pet becomes sick or injured during his/her stay, a veterinarian will examine my pet, and I give permission for routine medical care of the conditions that may arise in a boarding situation.

_____ I understand that if I cannot be reached, that the veterinarian will treat my pet's condition as I have allowed by signing this contract.

_____ I understand that emergency treatment will be instituted in all life-threatening situations, while every attempt will be made to contact me or my emergency contact. I accept responsibility for all charges incurred for emergency stabilization.

In the instance that we are unable to reach you, please provide emergency contact information:

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

After stabilization or non-emergent situations, I give my permission for treatment of my pet up to the underlying designated amount:

YOU MUST CHOOSE ONE OF THE FOLLOWING:

- _____ Unlimited
- _____ Under \$1,500
- _____ Under \$500
- _____ None

_____ I understand that if the on-site responsible veterinarian has attempted to reach me through the supplied contact information and is unable to reach me, the veterinarian will make all necessary medical decisions. This could include euthanasia in extremely rare situations. I will be responsible for all charges accrued during this time period.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL PROVISIONS OF THIS AUTHORIZATION AND RELEASE OF LIABILITY AGREEMENT AND ACKNOWLEDGE THAT IT **REMAINS IN EFFECT EACH AND EVERY TIME MY PET(S) BOARD WITH Market Street PET DEPOT.**

Print Name: _____

Client Signature: _____ Date: _____