

# KLONDIKE KENNELS

Pet's Name: \_\_\_\_\_ Vet Clinic: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Major Health Problem(s): \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Emergency Medical Treatment Release

I give my consent for the Doctors and Staff at Blair Animal Clinic, and/or the Animal Emergency Clinic, to stabilize my animal(s) in the case of an emergency. I understand that in event of an emergency Klondike Kennel staff will attempt to contact me at the number(s) provided above. I am stating that I will pay all fees incurred for that stabilization, knowing that the Doctors on duty and/or Klondike Kennel staff will, to the best of their ability, attempt to reach me at the above number(s) for any further treatments, or reach my own Veterinarian for further medical care.

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

If the Emergency is critical enough to refer the pet to Purdue University for intensive care, I give my consent for Klondike Kennel staff or Blair Animal Clinic staff to transport my animal to Purdue University for further treatment. I am stating that I will pay all fees incurred for that treatment, knowing that the Blair Animal Clinic Doctors on duty and/or Klondike Kennel staff will, to the best of their ability, attempt to reach me at the above number(s). I understand that treatment for Bloat will have to be done at Purdue University and that the cost of treatment can reach the amount of three thousand dollars.

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

----- OR -----

I decline any and all Emergency Medical Treatment. In event of an emergency, please contact me first. I understand that my pet will not receive any medical treatment, resuscitation, or stabilization until I am able to be contacted by Klondike Kennel or Blair Animal Clinic staff. I understand that signing below voids any signatures for either of the above statements.

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