



The Dog's Day LLC.
1565 Dancy Blvd.
Horn Lake, Ms. 38637
(662) 510-5513

www.TheDogsDay.com

VETERINARY RELEASE

In the event that my pet(s) should become ill or injured while in the care of Dog's Day LLC., I request that veterinary service be rendered by:

Animal Hospital: _____ Preferred Doctor: _____
Address: _____
Phone #: _____

I give permission to Dog's Day LLC. ("Dog's Day") to bring my pet(s) to the above mentioned veterinary hospital for treatment in the event of illness or injury while within their care. If my pet should become sick or injured after hours, my vet cannot be reached, or it is a life threatening emergency, I understand that, in the best interest of my pet, services will be sought at the nearest animal clinic or emergency clinic. Efforts will be made to contact me prior to seeking medical services whenever possible.

I understand that Dog's Day does not assume responsibility for the actions or decisions of the veterinary staff. Furthermore, Dog's Day will not assume responsibility for illness/injury of my pet unless it is due to negligence on the part of Dog's Day and its staff. Dog's Day will do everything possible to prevent injury/illness, however, I understand that accidents happen and that illnesses can occur no matter how well my animal is cared for.

I certify that I will assume full responsibility for payment to the animal hospital for veterinary services rendered. I give permission for Dog's Day to provide my credit card information if supplied as indicated below to the animal clinic for payment if needed. I certify that the credit card information provided is valid and correct.

This agreement is valid from the date below and grants permission for future veterinary care for all pets without the need for additional authorizations each time Dog's Day cares for my pet(s). This agreement applies to all Dog's Day affiliated personnel and assistants.

Owner Signature: _____ **Date:** _____

Owner Name (please print): _____

Credit Card # (Optional)- On file At Dogs Day: YES NO **Type:** V MC AMEX D

Or, Credit Card On File With Hospital: YES NO