

Gateway Paw House Dog Daycare Medical Release

This is a required form for all **Gateway Paw House** participants receiving services.

First and foremost, the safety and well-being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions, but some factors may be beyond our control in the event that a medical emergency arrives while a pet is at our facility or participating in a service that we provide. It is imperative that we are immediately able to give medical treatment to the closest available facility. We will call ahead to the veterinary office in closest proximity geographically to us to insure they can handle the emergency present or to the owner's veterinarian, if instructed. Your pet will be rushed to the closest available facility for treatment and you will be notified. We will notify the owner after we have secured a medical treatment center for your pet to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For this reason it is a requirement to have our pet parents sign this form.

I understand that in event of a medical emergency that **Gateway Paw House** at its sole discretion deems to need immediate attention of a licensed veterinarian. I authorize **Gateway Paw House** to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by **Gateway Paw House**.

Signature of Owner _____ Date _____

Printed Name _____ Staff Initials _____