MEDICAL RELEASE FORM

Dear Client,

In the event that WOOF staff deems that your dog is in need of immediate veterinary care, due to injury or potential illness, please be advised of our protocol:

1) We will make every attempt to contact you via the phone numbers you have provided.
2) If you are unable to be reached, we will transport your dog for veterinary care.

   a. If your vet is local, we will make every attempt to have your dog treated there. Your vet knows your dog best and will be most cost effective as well.
   b. In the event that your vet is unavailable, or we deem that your dog requires immediate attention, we will transport your dog to:

Weekdays 7am-10pm **Weekends 8am-8pm**

Bishop Ranch Veterinary Center Urgent Care, 200 Bishop Ranch Drive, San Ramon

After Hours

Tri-Valley animal Emergency Center 7111 Amador Plaza Road Dublin

AUTHORIZATION TO SEEK MEDICAL ATTENTION

Dear Licensed Veterinarian:

I, _____, as guardian of

_____, give my permission for WOOF to act as my agent in the event that WOOF deems my dog in need of medical attention.

I further agree that I will be responsible for any and all charges and authorize the following expenses:

_____as needed for my pet's well being **OR** _____Up to a limit of $_____

In the event of a terminal illness or at the discretion and concurrence of both the doctor and WOOF agent, I also give permission for euthanasia without prior verbal consent from me:

_____Yes _____No, take no such measures without my verbal consent

_____ _____

Guardian Signature **Date**