



Medical Authorization Form

This form is in reference to _____
(pet's first and last name)

This form authorizes Chrissy's Castle of Critters to seek medical treatment for my above-named pet should they feel it necessary while my pet is in their care. Agreement is as follows:

I understand that in the event of an emergency, every effort will be made by the staff of Chrissy's Castle of Critters to contact me and keep me informed of my pet's situation.

I authorize Chrissy's Castle of Critters to contact my veterinarian in order to confirm health, temperament, and vaccination history of my pet(s). If, in my absence, my pet should become ill, injured, suffer an ailment, or is otherwise deemed by the sole discretion of Chrissy's Castle of Critters to require immediate veterinary attention, Chrissy's Castle of Critters is hereby authorized to consult with my veterinarian. If my veterinarian is unavailable or located at too great of a distance, Chrissy's Castle of Critters is authorized to utilize the services of another licensed veterinarian to provide care for my pet(s). Should I be required to take my pet to a veterinarian after a stay or visit at Chrissy's Castle of Critters, I shall be solely responsible for any and all veterinary or other related or unrelated charges, costs, or expenses and shall not seek indemnity or reimbursement from Chrissy's Castle of Critters. I further agree to release Chrissy's Castle of Critters from liability for injury, illness, or death of my pet.

In case of the need for transportation services (e.g. emergency vet visit, pick up, delivery), I recognize the risks of injury that accompany said transport and acknowledge that I grant this RELEASE as it is being relied upon by Chrissy's Castle of Critters to permit transport of my dog to and from Chrissy's Castle of Critters or any other necessary location.

If my pet does require medical attention, I, the owner of above-named pet, agree to pay any and all costs associated with the medical treatment of my pet, and Chrissy's Castle of Critters or anyone employed by them is not liable in any way for medical/veterinary charges associated with my animal, regardless of the outcome. My signature below can be used for permission to start treatment if I verbally give the go-ahead via telephone. If I need to be reached while I am away, my phone number will be:

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- I decline any medical treatment for my pet and will not hold Chrissy's Castle of Critters or any of its agents, officers, subcontractors, employees, or volunteers responsible for failing to seek medical attention for my pet should he/she become sick, injured, or expire. I understand that by checking off this box, per Chrissy's Castle of Critters insurance regulations, said pet cannot receive any treatment at all.

Signed,

(Signature)

(Print name)