

The Pooch Paddock
Permission to Treat Authorization

My dog, _____, is a _____ (breed/description) and is approximately _____ years/months/weeks old.

If my dog becomes ill or injured, or in the event treatment is needed or advisable, as determined at the sole discretion of The Pooch Paddock LLC, to preserve the good health and well being of my dog, then The Pooch Paddock shall immediately attempt to notify me by telephone at the telephone number(s) indicated below; and if I cannot be reached by telephone or if I fail to instruct The Pooch Paddock regarding measures to be taken, or if an emergency situation exists, as determined at The Pooch Paddock's discretion, The Pooch Paddock is authorized to engage the services of a veterinarian or give other attention to my dog that appears advisable for the care, treatment and well being of my dog.

In the event The Pooch Paddock engages the services of a veterinarian, I give the attending veterinarian permission to start medical treatment.

I authorize The Pooch Paddock and/or the veterinarian engaged by The Pooch Paddock to take all steps necessary or advisable, as determined by The Pooch Paddock's sole discretion, in the care and treatment of my dog. By checking this box, I understand that I am granting The Pooch Paddock and said veterinarian full authority to take all steps necessary or advisable to keep my dog alive and that I have not placed a dollar limitation on their authority. By checking this box, I acknowledge my intention that the nature and extent of care and treatment of my dog will not be determined on the basis of my cost limits, but rather, on the best interests of my dog. I recognize this determination could lead to extreme cost. I understand that The Pooch Paddock will make every attempt to contact me personally, but in the event The Pooch Paddock is unable to contact me, The Pooch Paddock will continue with the course of treatment advised by the veterinarian regardless of cost.

_____ (Please initial)

OR

In the event that the anticipated medical expenses exceed

\$500 \$1,000 \$1,500 or \$_____

I request that The Pooch Paddock or the attending veterinarian contact me for authorization before medical expenses exceeding the amount indicated above are incurred. In the event I cannot be reached and the dollar limitation set forth above has been reached, I authorize The Pooch Paddock and the veterinarian engaged to humanely euthanize my dog, if, in their sole and absolute discretion, they deem that such measures are necessary to prevent unnecessary suffering by my dog. I understand that The Pooch Paddock will make every attempt to contact me personally, but in the event The Pooch Paddock is unable to reach me, I understand that while The Pooch Paddock and the attending veterinarian will work to keep my dog stable and comfortable until I can be reached, I further understand that this may not be possible given the dollar limitation set forth above. I understand that by limiting the amount of medical treatment that my dog will receive to a specific dollar amount, my dog may not receive the treatment

necessary or advisable to fully treat its injury, illness, or otherwise to preserve its good health and well being and that further injury or death may result to my dog as a consequence.

_____ (please initial)

I agree to reimburse The Pooch Paddock for any and all expenses incurred for the medical treatment of my dog. Payment will be made upon receipt of medical statement. This authorization shall be effective during all times that my dog is in the care of The Pooch Paddock.

_____ Date: _____
Signature of Owner

Owner's Name(s): _____

Address: _____

Contact information:

Try this phone 1st: _____

Try this phone 2nd: _____

Try this phone 3rd: _____

Updating your contact information is your responsibility. The Pooch Paddock will use this information to try to contact you in case of an emergency.