

PLAYANDWALKPDX
Vannari Sang, Owner
(503) 862 - 9636

In Case of Emergency

Please detail your preferred procedure in the event of an emergency that requires parental consultation for medical or other emergencies.

First person to contact:

Phone:

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Relationship:

Pronouns:

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Second person to contact:

Phone:

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Relationship:

Pronouns:

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Third person to contact:

Phone:

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Relationship:

Pronouns:

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In the event of a medical emergency:

First emergency facility to contact/visit:

Phone:

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Second emergency facility to contact/visit:

Phone:

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Third emergency facility to contact/visit:

Phone:

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Notes:

1. In the case of an emergency, I understand that PLAYANDWALKPDX will make every attempt to contact the emergency contacts listed.
2. If no contact can be reached, I authorize PLAYANDWALKPDX to seek appropriate medical treatment for my pet(s).
3. I understand that every effort will be made to take my pet(s) to the above veterinarian, however, I authorize PLAYANDWALKPDX to seek treatment for my pet(s) any appropriate clinic, if necessary.
4. I agree to assume full responsibility for payment and reimbursement for any and all veterinary services rendered.
5. I understand that PLAYANDWALKPDX assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment, and expenses.
6. This agreement is valid from the date below and grants permission for all future veterinary care needs without additional authorization each time PLAYANDWALKPDX cares for my pet(s).

I have read the above terms and conditions. By signing below, I am accepting this document as a contractual agreement.

Printed Name

Date

Client Signature

PLAYANDWALKPDX