

ADVANCED MEDICAL DIRECTIVE

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Tel # \_\_\_\_\_

Dog(s) Name: \_\_\_\_\_

This form is to be filled out by owner in the event of pre-existing medical condition or complex medicine(s) instructions for the above dog(s).

Due to the pre-existing medical condition or medicine requirements of the above Dog(s) DogTown USA St Augustine will only except this dog(s) for boarding daycare or grooming under the following conditions.

- 1.) Owner acknowledges that DogTown USA St Augustine is not responsible in the event their dog becomes ill due to their condition or any complications that develop due to this condition while at DogTown USA St Augustine.
- 2.) Owner must provide an emergency contact, name, address and telephone number that will be available and responsible to pick up their dog(s) in the event their dog(s) condition becomes untenable for staff or negative reaction to their medicine.
- 3.) Owner agrees that DogTown USA St Augustine can send their dog(s) to owners Vet in case they cannot reach owner or emergence contact in case of illness and if their Vet is closed can take the dog(s) to an emergency Vet. Owner further agrees to pay all Vet charges and transportation charges.

EMERGENCY CONTACT

Name: \_\_\_\_\_

Tel. # \_\_\_\_\_

Address: \_\_\_\_\_

OWNERS SIGNATURE:

DogTown Manager:

\_\_\_\_\_

\_\_\_\_\_